

ANGLIA RUSKIN UNIVERSITY

**A RESEARCH PROJECT EXPLORING TWELVE STEP
SPIRITUALITY WITH PRACTICAL THEOLOGY**

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A Research Project Exploring Twelve Step Spirituality with Practical Theology

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Abstract

Little has been written on the connection between the Twelve Step Programme of Alcoholics Anonymous and practical theology. Alcoholics Anonymous has significant Christian roots and describes itself as a spiritual programme – suggesting there could be some mutuality.

The researcher explores whether Twelve Step spirituality could be better defined and understood by considering theological resources. This question was central to the researcher's professional practice, which is focused on counselling those who work a Twelve Step programme. To answer this question, interpretative phenomenological analysis (IPA) was used as it emphasises the value of experience. This was significant because the project was shaped by a theological understanding of spirituality, which emphasised the value of experience. The researcher interviewed eight recovering persons about their spiritual experiences. The interviews explored what spirituality meant, the effects of spirituality in daily life and how a spiritual programme was developed.

Findings revealed that spiritual resources in the Twelve Step programme were essential to the recovery process and were supplied by the experiences of relationship within the Twelve Step fellowship. These findings were critically illuminated by the theological concepts of sin and grace. Sin assisted with a rich interpretation of the relational disconnection in the addictive process, and the relational connections created in recovery were deepened by the concept of grace. Theological resources were used to define what Twelve Step spirituality meant to the participants and how it operated in a programme of recovery; these same resources also enriched the therapeutic significance of this spirituality. These findings rejuvenated the researcher's respect for the Twelve Steps and altered her professional practice from a more business driven role to a purely clinical one.

Key words: Twelve Step programme, interpretative phenomenological analysis, theology, community, relationship, sin, grace and recovery.

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Chapter 1:

Introduction

This project seeks to investigate the meaning of spirituality as it is experienced in the Twelve Step programme of Alcoholics Anonymous (AA, hereafter). This chapter begins with an explanation of the context of the research project: AA was created in the United States of America (US) in 1935. I offer an historical overview of AA, including some discussion of its original Christian underpinnings. Following this is detail on my professional context, and how the title of my thesis arose from my professional practice. Next, is an explanation of the purpose of each chapter before I conclude by discussing my study's possible outcomes and contribution to knowledge.

1.1 An overview of Alcoholics Anonymous

AA describes itself as a 'simple program' (Alcoholics Anonymous, 2001, p.58), which consist of Twelve Steps designed to treat alcoholism. AA was created in 1935 by WW1 war veteran and stockbroker Bill Wilson (1895–1971). Between 1933 and 1934, Wilson's psychiatrist William Silkworth stated that Wilson was 'an alcoholic of a type I had come to regard as hopeless' (Alcoholics Anonymous, 2001, p. xxv). Historian Glenn Chesnut (2006) explained how at that point religion was possibly one of Wilson's last remaining options, and in 1934 he was introduced to the Oxford Group. Chesnut explained that the Oxford Group was a non-denominational Christian movement founded in the 1900s. Spirituality, argued Chesnut (2006, p.5), was an important part of the Oxford Group and developed in response to people wanting 'a kind of spirituality which laid its emphasis upon feeling and intuition, rather than following doctrines and dogmas'. This inclusive emphasis was a most significant influence on AA, which continues today.

Wilson maintained his sobriety for some months within the Oxford Group, explained historian Howard Clinebell (1998). In November 1934, Wilson went out on what proved to be a final alcohol binge (Alcoholics Anonymous, 2001, pp.1-16). This led to a fourth hospital admission (Alcoholics Anonymous, 2001, p.7). Here, he had an experience of God, in what seems to have been a Judeo-Christian sense. Wilson described his experience openly in an address to the 1955 AA convention:

‘Suddenly, the room lit up with a great white light. I was caught up in an ecstasy which there are no words to describe. A great peace stole over me and I thought, no matter how wrong things seem to be, they are all right. Things are all right with God and his world.’ (Wilson, 1955, cited by Kurtz, 1991, pp.19-20)

This spiritual experience became known in AA circles as Wilson’s ‘hot flash’, and the significance of spiritual experience for members was key. Historian and scholar Ernest Kurtz wrote a most comprehensive history of AA in 1979¹ in which he argued that ‘the first and lasting testimony of its [AA] experience was to the primacy of experience’ (1991, p.103). Significantly, Wilson’s spiritual experience occurred against the Christian backdrop supplied by the Oxford Group.

Wilson remained sober for some time, but on business in Akron, Ohio, felt an urge to drink and asked for an introduction to another Oxford Group member. Bob Smith, himself a heavy drinker, arrived (Clineball, 1998). Psychologist Cosmo Duff-Gordon (2017) explained how Wilson and Smith spent the night discussing past experiences of drinking. By the morning, neither man, to their delight, had touched any alcohol; thus, the fellowship of Alcoholics Anonymous was born in June 1935 (Alcoholics Anonymous, 2001). Smith, save one slip, never drank again, and recalled that

‘here was a man...who had been cured by the very means I had been trying to employ...the spiritual approach. Of far more importance was the fact that he was the first human with whom I had talked who knew what he was talking about regarding alcoholism from actual experience. In other words, he talked my language.’ (Clineball, 1998, p.202)

Kurtz argued spiritual conversion, and the value of one alcoholic talking to another, formed in Wilson’s mind two halves of ‘an only implicitly realized whole’ (Kurtz, 1991, p.21), which was to become the cornerstone of AA.

Carla Vermeulen, scholar of religion, explained this point: ‘the foundational blocks of the program of AA became alcoholics helping other alcoholics to achieve sobriety’, and a belief in and dependence upon a ‘God of their understanding’ (Vermeulen, 2017, p.109). *The Big Book* was written by Wilson in 1938 and was published in 1939². Duff Gordon (2017, p.23) explained how *The Big Book* revealed ‘AA’s recognition of the

¹ The original text of *Not God* was written by Ernest Kurtz in 1979. I am using the 1991 edition for in-text citations.

² *The Big Book* was written in 1939. I am using the Fourth Edition (2001) for my in-text citations.

power of identification’ and contains ‘the stories of its early members’. *The Big Book*, argued Vermeulen (2017), is the first and most important piece of AA literature. Additionally, religious studies academic Wendy Dossett observed that ‘the book was also shaped by other influences (William James and Carl Jung, amongst others, are referenced) and, significantly, by the attempt of the early membership of AA to prevent aligning the fellowship with any specific religion’ (Dossett, 2013, p.3). *The Twelve Steps and Twelve Traditions* followed in 1952³ which explained the Steps that needed to be taken in order to achieve sobriety, and the traditions necessary to protect the identity and policy of AA (Alcoholics Anonymous, 2001).

The legacies of psychiatrist Carl Jung and philosopher and psychologist William James were significant. Scholar Ray A explained how Silkworth reminded Wilson of James’ observation (James, 1902) that ‘truly transforming spiritual experiences are nearly always founded on calamity and collapse’ (Ray A, 2012, p.69). James was a considerable influence upon Wilson (Kurtz, 1991); notably, Wilson’s argument that the alcoholic learns about their own powerlessness and the need for some sort of Higher Power (HP, hereafter) through repeated failure to control their drinking (Alcoholics Anonymous, 2001). The impact of his own spiritual experience was powerful for Wilson, and he found an ally in Jung. Jung was convinced that willpower was no use because he argued that alcohol abuse masked an ‘unrecognised spiritual need’ (Jung, 1961). Jung explained ‘alcohol in Latin is “spiritus” and you use the same word for the highest religious experience as well as for the most depraved poison. The helpful formula is: “spiritus contra spiritum”’ (Jung, 1961). Jung specified that only ‘religious insight’ or ‘the protective wall of human community’ (Jung, 1961) provided good defence against this poison. Thus, Jung augmented and possibly influenced Wilson’s description of addiction as a ‘spiritual malady’ (Alcoholics Anonymous, 2001, p.64), which I discuss later.

Elvin Jellinek (1960), a general practitioner, developed the influential disease model of addiction, which constructed alcoholism as biologically situated, and foremost a disease. Hence AA, not surprisingly though erroneously, as Miller and Kurtz (1999) pointed out, is often linked with the ‘disease concept’ (Jellinek, 1960) of addiction.

³ *Twelve Steps and Twelve Traditions* was written in 1952. I am using the 2014 Edition for my in-text citations.

Speaking at a conference in 1961, Wilson explained that

‘we have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead, there are many separate heart ailments, or combinations of them. It is something like that with alcoholism. Therefore, we always called it an illness, or a malady – a far safer term for us to use’ (cited in Kurtz, 2002, p.7).

The word 'disease' appears once only in *The Big Book* (2001) and, again, it is not used in a medical sense, but to explain a spiritual illness.

Theologian and psychiatrist Christopher Cook (2006, p.17) observed that the disease model is currently employed by addiction rehabilitation centres ‘following the Twelve Step programme of Alcoholics Anonymous (AA) and its various sister organizations’. Scholar and clinician John Kelly (2016a) explained that the word ‘disease’ has become more associated with addiction because of increasingly strong medical empirical Twelve Step research. Today, the Twelve Steps are employed in treatment programmes worldwide (hereafter, ‘TSP’ is used to indicate a Twelve Step Programme) to support recovery from alcoholism, drug addiction, compulsive eating and gambling, which I discuss in section 1.2. Dossett (2013, p.2) explained how the ‘TSP’s are practiced in mutual self-help groups like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon Family Groups, Gamblers Anonymous (GA), Overeaters Anonymous (OA)... and inform or play a part in many otherwise secular treatment programmes’. Social scientist Thomasina Borkman (2008) asserted that ‘recovery’ is a medical term but according to AA, recovery refers to an ongoing spiritual transformation achieved through working the Twelve Steps, not the curing of a disease.

Kelly (2016a, p.16) supported AA in offsetting what he describes as the burden of addiction. He argued it is ‘by far the largest and most researched of...mutual self-help organisation. Scientific evidence supports the role of AA and similar groups in helping people to achieve abstinence and maintain recovery’. My experience in the addictions field leads me to concur with this argument. Addiction scholar John-Kare Vederhus (2016) observed that much of the research has been undertaken in the US, where the TSPs are more common. Thus, I have included US scholars because their work is frequently referenced by their UK counterparts; for example, Cook cited psychiatrist Harold Koenig (2008, cited in Cook, 2013, 2016), and Dossett discussed Kelly (Kelly, 2016b, cited in Dossett, 2017).

1.2 The Twelve Steps of AA and treatment

‘AA was never intended as a treatment but a way of life for people seeking liberation from dependence’ (Physician, Gabor Mate, 2018, p.xxvi).

The history of AA revealed that the Twelve Steps of Alcoholics Anonymous were not originally intended to support a clinical treatment programme. The AA Preamble (introduction to AA tenets, read at the beginning of each meeting) explains that: ‘Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism’ (Alcoholics Anonymous, 2020).

Therefore, the original emphasis in AA was on a fellowship of men and women who were united in a shared goal of abstinence from alcohol. Service to one another to facilitate this process was/is critical. In this context, fellowship

‘refers to the practices or activities of 12-step organizations. Nearly all social interactions related to 12-step group membership can be categorized as aspects of the fellowship. Helping others, building relationships among other members, and the sharing of joys and hardships all belong to...the fellowship’ (Tonigan et al, 1999, p.114)

Whereas the Twelve Step programme ‘is the sequential plan for recovery and is most succinctly stated in the Twelve Steps’ (Tonigan et al., 1999, p.114). Members of this fellowship attend Twelve Step meetings – working the Steps is not compulsory, but rather ‘suggested as a program of recovery’ (Alcoholics Anonymous, 2001, p.59). Step work, a more formal TSP and how to go about it (or not) is the choice of each individual. AA states that ‘the only requirement for AA membership is a desire to stop drinking’ (Alcoholics Anonymous, 2014, p.10). I will refer to the fellowship, and the TSP throughout to indicate what is explained above.

Step work, mutual support and fellowship are all facilitated and emphasised by a sponsor. Dossett (2013, p.8) explained, ‘This is the development of a particularly close relationship characterized by honesty and straight-talking. It is sometimes described as more than and different to friendship’. Narcotics Anonymous (NA hereafter) offers the following explanation:

‘Sponsors share their experience, strength and hope... A sponsor’s role is not that of a legal adviser, a banker, a parent, a marriage counsellor, or a social worker. Nor is it a therapist offering some sort of professional advice. A sponsor is simply another addict in recovery who is willing to share his/her journey through the Twelve Steps.’ (Narcotics Anonymous, 2004)

A sponsor is more like a peer or ‘spiritual’ friend (Dossett, 2013, p.8), someone ‘with significant clean time and experience of working all the 12 steps’ (Dossett, 2013, p.8). A sponsor is therefore someone who guides and supports another recovering person through the Twelve Steps.

AA was to have a dramatic impact on alcohol treatment, which was both unintentional and unforeseen by its creators. Addiction scholar and counsellor William White (2014, p.261) observed, ‘In the late 1940s and early 1950s, a number of events coalesced to shape an approach to alcohol treatment that was replicated widely through the United States and beyond’. One of these events was the ‘change sparked by the growth of AA in Minnesota and a growing disillusionment with the traditional psychiatric approaches to the treatment of alcoholism’ (White, 2014, p.261). White (2014, p.262) discussed Minnesota resident Pat C whose ‘raging alcoholism’, meant that he was desperate for solutions. This desperation encouraged him to join AA, which marked ‘the beginning of AA in Minnesota’ (White, 2014, p.262). Pat C was asked to help ‘launch’ a new alcoholism treatment centre, Pioneer House in Minnesota, and he became a counsellor there. This was the start of a tradition that continues today – addiction counsellors who work their own programme of recovery (White, 2014). White (2014, p.263) explained that ‘Pioneer House was the first alcoholism treatment program in Minnesota that based its two to three weeks of residential treatment primarily on the philosophy of Alcoholics Anonymous’. Copies of *The Big Book* and *Twelve Steps and Twelve Traditions* were handed to each resident, because ‘lectures and discussions on the first Steps of AA were a core part of the program, and clients were expected to complete the first five Steps before they left treatment’ (White, 2014, p.263).

This marked ‘the birth of the Minnesota Model’, which White (2014, p.277) argued ‘provided a technology to integrate the philosophy of A.A. within a professionally directed regime of alcoholism treatment. It also introduces the application of spirituality into professional counselling’. This model was based on the disease concept, and ‘drew heavily on the experience of AA members in its conceptualisation of alcoholism as a

primary, progressive, disorder whose management required sustained abstinence and an active, continuing, programme of recovery' (White, 2001, p.50). This model has been implemented by many treatment settings worldwide (White, 2001). Moreover, White (2014, p.277) argued that professional addiction counsellors were legitimised by the Minnesota Model, and 'work with alcoholics had become a professional speciality in psychiatry, psychology, social work and counselling'. He explained,

'the Minnesota Model concept of chemical dependency offered a framework that built a bridge between what had been separate worlds of alcoholism treatment and drug addiction treatment...the most significant contribution of the Minnesota Model to the treatment of alcoholism was that it provided a treatment scheme that focussed on arresting alcoholism...it provided a model of community-orientated...therapy.' (White, 2014, p.277)

This community-based therapy was based on therapy groups that focused on Twelve Step themes of powerlessness, consequences of addictive illness, a spiritual programme and the importance of ongoing fellowship and support (White, 2014). White (2014, p.288) noted that from the fifties through to the seventies, these AA-based treatment programmes flourished, and marked 'the emergence of professionally directed interdisciplinary alcoholism treatment teams'. The goal of this Minnesota Model-based treatment remains the same today and

'is a lifetime's abstinence from alcohol and other mood-altering chemicals and improved quality of life. This goal is achieved by applying the principles of the 12-step philosophy which include frequent meetings with other recovering people and changes in daily behaviours.' (Start2Stop rehabilitation centre, 2016)

Scholar Trysh Travis (2009, p.149) also observed the development of the Minnesota Model, and explained how combining the Twelve Steps with inpatient treatment, began at Hazelden 'in 1949 as a sanatorium for curable alcoholics'. Hazelden was 'strongly committed to AA's version of the disease concept, and the antidote of surrender: it treated alcoholism as a primary, progressive illness, and advocated a cure that addressed body, mind, and spirit, with an emphasis on the latter' (Travis, 2009, p.149). This change marked what Travis (2009) described as the professionalisation of the recovery process in the treatment industry. Travis (2009, p.150) also explained how the growth of alcoholism treatment evolved in the 1960s, and 'Hazelden changed along with it. Increasing attention was paid to dual addictions and "comorbidity" (alcoholism in conjunction with mental illness), gradually moving towards understanding alcoholism within a broad spectrum of chemical dependencies'. The first of these was NA, which

Travis (2009, p.52) explained started in 1947 or 1953 ‘according to different accounts’, and ‘A steady succession of additional substance-addiction groups followed, typically founded by members of AA who wanted to apply 12-Step principles to other habits’.

This process hastened ‘during the 1980’s and 1990’s, as a new category of process addictions broadened the diseases model’s scope to include virtually everyone in the United States’ (Travis, 2009, p.52). Travis explained that these process addictions included food, gambling and sexual abuse. Travis (2009, p.172) observed there were consequences to these changes: ‘traditionalists objected to what they perceived as the dilution of AA spirituality by therapeutic ideas, to the fracture of alcoholic equalitarianism by attention to diversity, and to the conscious marketing of and profiting from the transformative gift of 12-Step ideals’. This movement created ‘a traditionalist subculture that arose in the 1980’s and 1990’s’ (Travis, 2009, p.173) that is still evident today. Clients who attend AA report how more traditional fellowship members are frequently scathing about treatment centres, believing that the central thrust of Wilson’s message has been diluted by clever psychological theories and/or twisted for financial gain.

1.3 Definitions of addiction

Cook (2006, p.9) argued that the term addiction, though widely used is still ‘without consistent definition. In scientific circles, the term dependence is therefore preferred and now employed by the WHO [World Health Organisation] and APA [American Psychiatric Association]’. In the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the APA (DSM-1V), alcohol use disorders include alcohol abuse and alcohol dependence. In order to avoid medical controversy and emphasise the spiritual nature of the TSP, I frequently adhere to Wilson’s description of addiction as being a ‘spiritual malady’ (Alcoholic Anonymous, 2001, p.64). However, this definition is also provocative in some quarters, which I discuss in Chapter 2. I adhere to Cook’s (2006, p.15) conclusion that the primary concern is ‘use of alcohol that lead[s] to, or cause[s] harm’. This definition is enriched by Twelve step practitioner Patrick Carnes (1988) who explained that addiction is a pathological relationship to a mood-altering experience which has damaging life consequences. Mate (2018, p.xxv) developed this:

‘There is only one universal addiction process. Its manifestations are multiples, from the gentler to the life threatening, but in all addictions, it utilises the same

brain circuits of pain relief, reward and motivation; it imposes the same psychological dynamics of shame and denial, the same behaviours of subterfuge and dishonesty. In all cases, it exacts the price of inner peace, harm to relationships, and diminished self-worth.’

Mate (2018, p.xix) explained that addiction ‘originates in a human being’s desperate attempt to solve a problem: the problem of emotional pain, of overwhelming stress, of lost connection, of loss of control, of a deep discomfort with the self. In short, it is a forlorn attempt to solve the problem of human pain’. This pain, he argued, is trauma and ‘preventing and healing trauma is a universal issue’ (Mate, 2018, p.xxiii). Mate (2018, p.423) recognised the value of the Twelve Steps: ‘I see great value in the process they [the Twelve Steps] prescribe and recognise their effectiveness in helping many people live in sobriety’. Mate (2018) argued that once a person is stable in their recovery from addiction, they are able to treat and manage their trauma more effectively.

1.4 My professional context

I have been an addictions counsellor since 1993, and I was trained to use the Minnesota Model in both my group and individual work with those suffering from addiction. My work has been within private and public healthcare systems in the UK and US. Currently I work as an addictions counsellor at Start2Stop rehabilitation centre, London which uses the Minnesota Model. The treatment programme at Start2Stop includes group and individual therapy, a family programme and a multidisciplinary team of professionals plan a treatment programme for each client. The programme includes completion of the first three Steps, a life story, and consequences of addictive behaviours, and how they can be arrested through the TSP. I facilitate individual counselling sessions and therapy groups at the centre to aid these processes. In addition, I have a small private practice of recovering persons who I see on an individual basis, at my office at home.

In addition to the Minnesota Model I use some cognitive techniques (Judith Beck, 1995) and Rogerian techniques, in group and individual counselling work. Rogerian therapy was created by therapist Carl Rogers in 1951 (2000)⁴, and encourages human growth and personality development, and there is a strongly spiritual slant in this model. My

⁴ The original text of *Client Centred Therapy* was written by Carl Rogers in 1951 – I am using the 2000 Edition for in-text citations.

use of Rogerian principles means that close attention is paid to the process of the relationship with each client. I stay aware of my own process throughout the work I do, and how this may be used to thicken my understanding of the client's process. The Rogerian influence is discernible throughout this thesis, which is an account of how I thought about, and conducted the practice-based research. I am not testing any hypothesis in this thesis, but rather exploring the role of spirituality in recovery, how best to understand it and how it operates. This will enable me to help clients develop an effective programme of recovery, which will strengthen my professional practice. The thesis traces the rationale for everything undertaken, and I recount in some detail my feelings and emotions as the research progressed, hence the first-person singular is frequently used. This style and format reflects how I work with clients.

1.5 Aims of the thesis

A Research Project Exploring Twelve Step Spirituality with Practical Theology was a title that arose from my professional practice, and I considered Twelve Step spirituality in some detail in my MSc *Spirituality as a Resource in the Twelve Step Treatment of Addiction* (Graham, 2003). Spirituality emerged as being central to the recovery process – indeed the participants questioned whether recovery was possible without it. I wished to find out more because supporting clients in their recovery is key to my professional practice. Theologian Katie Givens Kime (2017, p.1) explained that many research teams have ‘investigated the spiritual and religious characteristics of recovery pathways, especially in the last few decades’. This is true – the literature on spirituality and recovery is copious, which pointed to the importance of spirituality in the recovery process and healthcare more generally (Miller, 1999).

However, Cook (2009, p.xii) noticed that theological resources are rarely used to study addiction ‘the vast interdisciplinary literature that surrounds addiction and alcohol studies has come to exclude theology’. I considered this fact and agreed that ‘it seems to be that interpretation of the “text” of the experience of addiction is better achieved when the natural and social sciences are brought together with theology’ to understand addiction (Cook, 2006, p.xi). My aim was to study how the person suffering from addiction understood Twelve Step spirituality, and how I could enrich my understanding of these experiences by using theological, not psychological, resources, which I discuss in Chapter 3. My aims were to investigate:

- How spirituality was defined/understood by those in a Twelve Step programme.
- How spirituality was experienced, and how it operated/was operant in recovery.
- How theological resources help me understand these spiritual experiences more fully.
- How I can utilise my findings to assist clients' engagement in recovery programmes.

The word 'exploration' in my title reflected the fact that my research approach was inductive. Researcher Evan Rudd (2005) explained inductive research is well matched to my research because it is primarily exploratory. An inductive approach to research involves researchers in processes that are inter-responsible due to the influences between participants, researchers and others (Rudd, 2005). This is not a linear process but one that evolves as a study progresses and generates deep perception on these phenomena (Professor Vernon Trafford in conversation, December 2018). This approach was appropriate because, as discussed above, I was concerned that the data needed to be created by the experiences of persons working a Twelve Step programme of recovery. Rudd (2005) explained that it is by these means that inductive research develops theory.

Before I conclude this section, I am aware that my aims were built around how Christian theology illuminated the participants' spiritual experiences. I turn to Cook (2009, p.xi) who explained perfectly my predicament: 'My Christian faith preceded this work, and in many ways motivated it'. I was brought up a Christian, and 'a Christian perspective is offered because this author is Christian. I cannot write from any other perspective' (Cook, 2006, p.8). In this particular context, my response was a Christian one – which also impacted my work as researcher. I turned to the work of reflexive researcher Kim Etherington. Etherington (2004, p.19) defined reflexivity thus: 'to be reflexive we need to be aware of our personal responses and to be able to make choices about how to use them'. Reflexivity is a skill that I have developed as a counsellor, which is discussed later. Although my MA in Religious Studies developed a respect and knowledge for other religious traditions, my responses to the world are primarily as a Christian, which involved my belief that 'it is only in the light of the grace of God...that we can fully and truly understand our experience as human beings in the world' (Cook, 2006, p.xi).

This does not in any way mean that I am saying AA is applicable to Christians only; this would be incorrect, the radical inclusivity of AA means that there is room for all (Kurtz, 1991). I support/ed Wilson's vehement passion for the importance of inclusivism: 'We think it no concern of ours what religious bodies our members identify themselves with [or not]' (Alcoholics Anonymous, 2001, p.28). I was only able to offer a Christian reading of the data because this was the tradition I knew. The aim of this process was that by using theological resources I came to understand more deeply the spiritual experience of recovering persons, so that I am better resourced to help clients engage with Twelve Step spirituality.

1.6 The use of theological resources to explore addiction

'One consequence of spiritual deprivation is addiction, and not only to drugs. At conferences devoted to science based addiction medicine, it is more and more common to hear presentations on the spiritual aspects of addiction and their treatment....at the core of all addictions there lies a spiritual void.' (Mate, 2018, p.79)

Use of theological resources to facilitate this study, *A Research Project Exploring Twelve Step Spirituality with Practical Theology*, is congruent with what describes itself primarily as a spiritual programme, (Alcoholics Anonymous, 2001) and one which, as discussed, has Christian theological underpinnings. Theologians Stephen Pattison and James Woodward (1994, p.9) defined theology thus: 'A place where religious belief, tradition and practice meets contemporary experiences, questions and actions and conducts a dialogue that is mutually enriching...and practically transforming'. Pattison and Woodward acknowledged the significance of enriching experiences with theological resources arguing that the discipline of theology has a valuable role to play in helping me understand spiritual experience better. Sheldrake (1998, p.95) also elaborated that

'the last twenty years have seen the beginnings of a serious conversation between spirituality and theology. This is vital to both. Theology as a whole has been able to increasingly acknowledge its roots in human experience. Equally, spirituality has begun to re-establish itself as an area of study that is not theological but has a dependence on it.'

Therefore, according to Sheldrake theology recognises itself as a discipline rooted in human experience, which, as I explain later also has a close association with spirituality.

Furthermore, Pattison (2007, p.126) argued that we need to enter into a critical dialogue between ‘interpreting hard won experiences of healing’ and theological resources. This statement mirrored my intentions: how the spiritual experiences of the healing person can be enriched with theological exploration. In a similar way, AA is also open to exploration by other disciplines. Wilson and Smith believed that what they had created needed to be in ‘critical conversation’ with another source of knowledge: ‘Inquiry by scientific, medical and religious societies will be welcomed’ (Alcoholics Anonymous, 2001 p.xiv). The spiritual experiences of the person suffering from addiction will be in ‘critical conversation’ with theological resources. This conversation is of value in helping understand and define the spiritual experience of the person suffering from addiction, which is described as being a vital prerequisite of successful recovery (Alcoholics Anonymous, 2001).

Moreover, theologians recognise the significance of spirituality which substantiated my belief in a theological exploration of spirituality. Theologian Claire E. Wolfteich (2014, p.335) argued, ‘Like practical theology...spirituality is deeply concerned with practices, contexts and communities; the embodiment of a way of life...there is so much potential here for fruitful conversations and collaboration between these two disciplines’. Collaboration between spiritual experiences and theological resources will significantly illuminate my understanding of the participants’ spiritual experiences, which will resource me with a better understanding of what they need to work an effective programme of recovery. Similarly, theologian Philip Sheldrake (1987, p.10) argued that without spirituality, theological doctrines remain untouched by experience so ‘perpetuating a false division between head and heart’. The spiritual experiences of the participants might also contribute to a richer understanding of theology.

Sheldrake (1987, p.11) argued that theology needs spirituality and spirituality needs theology because ‘The continual task, therefore, of theology is to draw our spirituality back to its sources in the Christian tradition about God’. This task is similar to the one explained by Wilson when he created AA: ‘We are not cured of alcoholism. What we really have is a daily reprieve contingent on the maintenance of our spiritual condition’. (Alcoholics Anonymous, 2001, p.85). Therefore, the task of spirituality in AA is to draw the sufferer back to the relationship with God/HP, which is essential for recovery.

The importance of discovering God's purpose for humanity is also argued by theologian Terence Veling (2005). Veling believes that the theological concern with God's purpose for humanity is critical, which I discussed in Paper 1 (Appendix 1). Veling described how practical theology 'attends to the conditions of human life. It is concerned with the unique, the particular, the concrete; this people, this community, this neighbour, this moment, this question, this need, this concern' (Veling, 2005, p.16). This mirrors the process undergone by Smith and Wilson when they created AA to deal with their concern around their alcoholism, and indeed the wider alcoholic community. I now turn to explain the structure of the thesis, and how it addressed the title: *A Research Project Exploring Twelve Step Spirituality with Practical Theology*.

1.7 How this thesis addresses the research question: A Research Project Exploring Twelve Step Spirituality with Practical Theology

Chapter 1 has given a brief synopsis of my professional background and reasons for undertaking the DProf. This chapter provides a history of the context, i.e., an overview of AA.

Chapter 2 reviews literature relevant to my enquiry. Spirituality and healthcare are discussed, definitions of religion and spirituality are offered, and the difficulties associated with defining spirituality are explained. Twelve Step spirituality and its role within recovery are also considered in some detail.

Chapter 3 explores the epistemological and disciplinary context of my enquiry. My different lenses are explained, including details around how I work with clients in my professional practice.

Chapter 4 explains my methodology design and the aims and objectives of my study, which are well served by interpretative phenomenological analysis (IPA). I then turn to the research design, which explains the interview questions and my participant selection.

Chapter 5 describes my process of using IPA. I explain my use of semi-structured interviews and detail on how the data was created and analysed.

Chapter 6 describes my findings. There are five Superordinate themes: the experience of addiction, recovery from addiction, the Twelve Steps themselves, the Twelve Step community and finally how spirituality is experienced. Each theme is supported by Subordinate themes, which are explained in turn.

Chapter 7 offers a discussion of my findings, how the theological concepts of sin and grace were used to interpret these findings, and the impact my study has had on my professional practice.

Chapter 8 offers conclusions, contributions to knowledge, practice and areas for further research.

1.8 Appendices 1–3

Appendices 1–3 provide a body of work completed in the first half of my DProf study (2013–2015). They are included because they explain my professional practice and how this evolved as the project progressed. Appendix 1 explains my working context, which changed halfway through my study. I discuss my role (2003–2015) with Cottonwood Rehabilitation Centre in Tucson Arizona, US. My duties included business development in Europe and marketing the centre to European psychiatrists and healthcare professionals. I also created and ran an assessment service for UK clients who were considering treatment at Cottonwood and supported the families of those who sought treatment. Additionally, I facilitated a weekly aftercare therapy group, and small private practice for those returning from Cottonwood. Cottonwood and my groups focused on Minnesota teachings; however, I also made sure that I was in contact with a stable of professionals who offered other modalities to treat addiction. I was, and remain, aware that the TSP does not work for everyone.

Appendix 2 explores how narrative may act as a resource for clients in my counselling practice and help facilitate a spiritual perspective. My objective in Appendix 3 was to consider the experience of Twelve Step spirituality, and how theology might assist with a better understanding of this. Appendix 3 also reveals how further study and insights developed my research project to its current status.

1.9 Possible outcomes/contribution to knowledge

My professional practice today is primarily concerned with supporting clients' engagement with recovery programmes. The purpose of this project was to transform my practice through a better understanding of Twelve Step spirituality by using theological resources. This research would create vital information about how spirituality was experienced, developed and understood in the TSP. Furthermore, in interpreting spirituality with theological resources I hoped that 'the meaningfulness and

explanatory power of a functioning *theological* language’ (McFadyen, 2000, p.5) would be tested, so revealing the value of theology as a vehicle with which to explore contemporary issues and culture. I would also like to distribute my findings to treatment centres I work with, and colleagues who I have ongoing relationships with – many of whom have expressed an interest in my research. The project provides an important contribution to the efficacy of Twelve Step treatment because spiritual experience is such a vital part of working a strong programme of recovery.

1.9.1 Contribution to professional practice

Theologians Zoe Bennett and David Lyall argued that the professional doctorate needs to contribute to knowledge, and to contextual and personal practice (Bennett and Lyall, 2014, p.196). My research will be of value to psychiatrists, social workers and all those who work in addictions and potentially other mental health arenas. I have witnessed first-hand a professional bias against the TSP. During my MSc (Graham, 2003) training as a counselling psychologist, the TSP was entirely absent from the curriculum, which suggested to me that there were/are many in the psychological field who have no TSP knowledge/training. Duff Gordon (2017) argued there are very few qualitative published studies that have explored the subjectivity of members of AA and NA. This is surprising given that AA is probably the most significant resource for the personal regulation of alcohol use in the West, according to social scientist Rob Kitchin (2002). Social scientists Michael Gossop, Duncan Stewart and John Marsden (2008) of the National Treatment Agency (NTA) argued NA may be the UK's biggest provider of drug addiction treatment, making the relative omission of TSP material from the literature even more surprising. Therefore, studies such as this, which examine Twelve Step efficacy, are significant. Additionally, Duff Gordon (2017) argued that in an overloaded NHS, the welcome and significant fact is Twelve Step meetings are free.

Additionally, scholars in the addiction field, and indeed the theological field, have argued for the necessity of more theological study of addiction. Theologian and ethicist Professor James Nelson (2004, p.11) argued, ‘We can expect the theological insights about God in the human experience to shed light on the dark corners of addiction and recovery’, explaining that ‘the lived experience of addicts and recovering persons has been the most neglected theologically’, which my research aims to change. Cook (2006,

p.164) was concerned by the lack of research on Christian theology and addiction.

Indeed, over

‘a period of almost eighteen centuries, Christian theology came to provide one of the main foundations for understanding the problem of drunkenness in western society. Over the last century, theology has been largely excluded from the public discourse on alcohol related matters, but it is argued here that theology still has a significant contribution to make to discourse about addiction.’

Cook (2006, p.18) explained that ‘There has been some theological interest in the concept of addiction, although the total number of publications offering serious theological reflection is smaller than one might expect’. More recently at the Addictions Conference at the University of Chester in 2013 (University of Chester, 2016), Cook debated what it might mean to think theologically about addiction, and how this might enrich our understanding of the subject. This argument mirrored a key aim of my research enquiry: how exploring Twelve Step spirituality with theological resources will enrich my understanding of recovery from addiction, which will potentially include new understandings of both addictive illness and theology.

In terms of my professional practice, this research was invaluable because a crucial aim was to support client engagement with recovery programmes. Givens Kime (2017, p.27) augmented the value of a theological exploration and explained, ‘across the vast landscape of addiction studies, given the widely cited inverse relationship between spirituality and addiction, there is a need for qualitative research on meaning making in addiction recovery, engaging the resources of scholarship in theology and religious studies’. Givens Kime (2017) argued that religion and theology have a critical role to play in helping us understand Twelve Step spiritually more deeply. Considering his 40 years of experience in addiction research, scholar and psychologist William Miller (2016) scolded addiction researchers for neglecting Twelve Step spiritual components. Miller (2016) observed that his experience suggested Twelve Step spirituality has a significant part to play in maintaining a successful programme for recovery.

My data intended to shed more light on this matter, and the concerns of Miller (2016) and Givens Kime (2017) indicate that my research enquiry has a valuable contribution to make. This is augmented by the ongoing Twelve Step study ‘The Higher Power Project’ (HPP) at the University of Chester (2016). Dossett (2013, p.6) explained how

‘The HPP is a qualitative project with a constructivist approach which seeks to map the nature of the language of spirituality and Higher Power used in TSFs [twelve step fellowships] and other settings in which TSPs are used, against the backdrop of these responses to secularization theory.’

HPP investigators Dossett and public health scientist John Stoner claimed that spiritual solutions are effective for many people in recovery from addiction (Stoner, 2016). The aim of the project is to enrich understanding of Twelve Step spirituality, which will support those seeking recovery, and potentially those involved in the provision of effective care for them (University of Chester, 2016).

My participant selection was significant in terms of a contribution. All are healthcare professionals: addictions counsellors with at least five years in recovery who are working in a rehabilitation centre. Addictions psychologist Marc Medina (2013, p.9) observed how most addiction studies consider ‘shorter term recovery periods’ rather than ‘the challenges... involved in achieving and sustaining long-term recovery’. My enquiry filled a gap because this study was built on the input of those in longer term recovery (a minimum of five years). Medina (2013, p.108) explained ‘The long-term sober section of the AA population has traditionally been underrepresented as the subjects of investigation’. I also chose those with a longer recovery time for ethical reasons – I argue they are potentially more emotionally robust. Additionally, their longer experience of recovery provided a rich resource in terms of helping me understand spiritual experiences. However, recovery is a challenging process, and a certain robustness would not prevent potential vulnerability when participants were being questioned about their own processes, which I discuss in Chapter 4.

The contribution made by the participants was absolutely critical because fieldwork was essential to facilitate my search to discover first-hand how recovering persons actually experience spirituality. The spiritual experiences described by the participants centred around relationship. I interpreted these rich relational findings with theological resources in order to illuminate the meaning of these spiritual experiences. This interpretation was important in its own right, but also provided material that I was able to use in my professional practice in order to engage clients more fully in a programme of recovery.

1.10 Conclusion

This overview of AA revealed the crucial role played by spiritual experience in the process of recovery. The Twelve Steps and practical theology are both interested in mutually enriching conversations. Developing a conversation between Twelve Step spirituality and theology could enrich understanding of the spiritual experience of the person suffering from addiction, so improving my support of clients' engagement with recovery programmes. Theological resources could have a contribution to make in understanding the Twelve Step spiritual experience, and potentially how these experiences operate, and/or what form they take. I now turn to discuss the relationship between spirituality and healthcare more generally, before focusing more specifically on theology and Twelve Step spirituality, with the aim of clarifying what 'spirituality' meant for this project.

Chapter 2:

Literature Review and Contextual Influences

2.1 Introduction

In this chapter, I set the scene for my own enquiry. The Twelve Steps, and the spiritual emphasis therein are discussed, followed by further discussion on spirituality, healthcare and mental healthcare more generally. This allows for an exploration of definitions of spirituality – this was a critical task because the understandings of spirituality that I established were used throughout this project. I also look to definitions of religion; they are significant in their own right and may also clarify an understanding of spirituality. I finalise definitions of both spirituality and religion in order to give parameters to the project. To deepen an understanding of Twelve Step spirituality I move to the offerings made by theological resources on aspects of addiction and recovery. I include work by Linda Mercadante (1996), and Cook (2004, 2006) who write specifically on theological resources and the TSP. I also refer to Gerald May (1988) and Patrick McCormick (1989) who recognised the value of theological contribution in understanding addiction. Finally, I refer to Cornelius Plantinga (1995), who discussed the concept of sin more generally in relation to addiction.

2.2 Introduction to Twelve Step spirituality

‘Selfishness – self-centredness! That, we think, is the root of our troubles’ (Alcoholics Anonymous, 2001, p.62). Wilson explained, ‘From it [selfishness] stem all forms of spiritual disease, for we have been not only mentally and physically ill, we have been spiritually sick. When the spiritual malady is overcome, we straighten out mentally and physically’ (Alcoholics Anonymous, 2001, p.64). Nelson (2004, p.20) conceded that to speak of ‘chemical addiction as a spiritual phenomenon sounds strange’, but an increasingly strong body of work builds on the belief that alcoholism ‘is an illness which only a spiritual experience will conquer’ (Alcoholics Anonymous, 2001, p.44). According to Wilson, alcoholism was a spiritual problem which necessitates a spiritual solution – although AA is very open as to where this spirituality may be located (Alcoholics Anonymous, 2001). There is, however, one aspect to Twelve Step spirituality that Givens Kime argued was vital. She explained that Kurtz’s (1991) ‘widely respected history of AA is appropriately titled *Not-God*, because Not-God and

You-are-not-God are what Kurtz names as the single most prominent message of the 12-step program' (Givens Kime, 2017, p.3). The need to find a greater power to facilitate the recovery process is critical, which simultaneously anchors the idea that the self cannot be God. This emphasis is evident in the Steps, which Figure 1 illustrates:

- AA: The Twelve Steps**

 1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
 2. Came to believe that a Power greater than ourselves could restore us to sanity.
 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
 4. Made a searching and fearless inventory of ourselves.
 5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
 6. Were entirely ready to have God remove all these defects of character.
 7. Humbly asked Him to remove our shortcomings.
 8. Made a list of all persons we had harmed, and became willing to make amends to them all.
 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
 10. Continued to take personal inventory and when we were wrong promptly admitted it.
 11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Figure 1: The AA Twelve Steps (Alcoholics Anonymous, 2001, pp.59-60)

Addictions scholar Richard Clark (2006) explained how Steps 1–5 are concerned with exploring the person’s own character and addictive condition. This exploration, noted Kurtz (1991), was facilitated first by Step 1 which involves sharing experiences of drinking, and so is really about the nature of the alcoholism. Clark (1991) specified that Step 2 is recognising the limitations of personality and willpower in overcoming alcoholism, and Step 3 is making a decision to change. Furthermore, Kurtz added that crucial to Steps 2 and 3 is the idea of developing one’s own conception of HP, being willing to turn one’s will over to the care of HP; and, critically, having an ongoing relationship with this HP (also, Steps 3, 11 and 12). Clark (2006) explained how Step 4 involves taking personal inventory of oneself by identifying character defects, and Step 5 is sharing them. Steps 6 and 7 are often described as the change steps. Clark (2006, p.376) elaborated that they facilitate this change by developing the individual’s ‘willingness, and humility in relation to your Higher Power’.

Next, Steps 8 and 9 are ‘focusing on caring for the wellbeing of others’ (Clark, 2006, p.376), which is important for the mutual support that the fellowship advocates. Clark (2006, p.377) concluded that the final three Steps are ‘designed to both maintain and deepen the spiritual orientation to your life, that you have...established in the first nine steps’. Indeed ‘your devotion to them is a reflection of how highly you value your relationship with your higher power’ (Clark, 2006, p.377). Clark argued that this spiritual aspect to the TSP is indeed the most important in terms of a successful recovery. Cook (2004, p.549) augmented the argument, and specified how ‘Steps 3, 5, 6, 7 and 11 of AA are concerned with relationship with God: Steps 5, 8, 9 and 12 are concerned with relationships with people’. Clark and Cook’s readings of the Steps demonstrated that there are not only references to spirituality but that the whole Twelve Step approach may be framed as spiritual.

Kurtz and historian White (2015, p.59) argued that ‘it is precisely in the realm of spirituality that any approach to understanding Alcoholics Anonymous must take place’. Wilson was adamant that spirituality be practical and about everyday behaviours and attitudes (Kurtz, 1991). Wilson was very disappointed with the Christian church as an institution, and his plea was for open-mindedness regarding all matters spiritual: ‘Much to our relief, we discovered that we did not need to consider another’s conception of

God. Our own conception, however inadequate, was sufficient to make the approach and to affect a contact with Him' (Alcoholics Anonymous, 2001, p.46). Wilson argued that the problem with religions was how 'confoundingly right all of them are' explained Nelson, (2004, p.21). Therefore, he moved towards 'an approach that made suggestions rather than absolutes' (Nelson, 2004, p.21). Indeed, Wilson specified that 'the Realm of Spirit is broad, roomy, all inclusive; never exclusive or forbidding to those who earnestly seek. It is open, we believe, to all men [sic]' (Alcoholics Anonymous, 2001, p.46). Dossett (2013, p.4) observed that 'Although the words "God" and "Him" appear frequently in the text of *Alcoholics Anonymous*, the reader is invited to substitute the concepts of "Higher Power", "Power greater than themselves", "God of their understanding" and to develop their own meaning of this power'. Therefore, each recovering person is encouraged to develop their own particular meaning of this HP.

The independence that Medina (2014) observed was discernible in a variety of ways. Martha Cleveland and Arlys G wrote *A Secular Guide to Recovery*, which completely omitted the words 'God' and 'HP'. Dossett (2015, p.42) explored how this diversity was already evident in the US in 'AA *Agnostica*, and similar groups are beginning to emerge in the UK'. These groups ensure that Twelve Step spiritual principles are open to all including atheists and agnostics. Scholar Sarah Zmore (2017, p.2) explained how AA 'takes an all-inclusive view towards spirituality, suggesting that AA may be helpful regardless of spiritual orientation. AA's membership includes many atheists/agnostics, and AA appears to be equally effective for atheists and agnostics, given frequent involvement'. Zmore argued that the Twelve Steps are indeed committed to a most liberal spirituality. Kurtz and White (2015, p.58), in keeping with Wilson's emphasis on the significance of a more practical and inclusive spirituality, identified six dimensions of Twelve Step spirituality: 'Release, Gratitude, Humility, Tolerance, Forgiveness, and a Sense of Being-at-home [community]', which they argued are critical across 'religious, spiritual, and secular pathways of addiction recovery'. However, what is more difficult to ascertain is a definition of spirituality that is especially relevant to the TSP.

2.2.1 Criticisms of Twelve Step spirituality

My brief overview of the literature on Twelve Step spirituality indicated the crucial role played by spirituality in AA. However, there are critical voices that should be

acknowledged. Dossett (2013, p.10) observed that the ‘criticism that 12-step spirituality is a thin veneer for what is in fact religion is an important one’. Trimpey (1997, p.2) was concerned about this as was anarchist Charles Bufe (1998). Dossett (2015) recognised that some of this religious language is reflective of the time and culture in which AA was created (1935); however, she argued that this language ‘can be re-framed entirely in psychological and affective terms’ (Dossett, 2017, p.942). However, she recognised that this religious language may promote ‘scepticism about 12-Step mutual aid among professionals and their clients’ (Dossett, 2017, p.942). This may mean that potential members are anxious about joining a ‘cult’ or an organisation that is religiously orientated, even though Wilson himself stated that AA is not ‘allied with any particular faith, sect or denomination, nor do we oppose anyone. We simply wish to be helpful to those who are afflicted’ (Alcoholics Anonymous, 2001, p.xiv).

What is not really established by some of the work discussed is what is indicated by the terms ‘religion’ and ‘spirituality’. If the spirituality in the TSP is inclusive, what kind of spirituality does it really include? This will need to be reckoned with, and I turn to discuss this in section 2.4. However, AA’s self-description is consistently ‘spiritual rather than religious’ and the AA Preamble declares independence from any ‘sect’ or ‘denomination’ (Dossett, 2015, p.42-3). These practices and disciplines within the Twelve Steps may be religious for some Twelve Step participants but are open to those with no religious affiliation. Dossett (2015, p.45) also observed that no one in Twelve Step meetings is labelled or forced into any sort of religious belief, indeed ‘There are only individuals speaking for themselves’. Therefore, to dismiss the TSP because of exclusive religious overtones is an incorrect assumption to make and may be missing the reality of its inclusivity (Kurtz, 1991).

Cultural issues are also responsible for further criticism of Twelve Step spirituality. Dossett (2013, p.10) explained the criticism that ‘twelve-step spirituality is inherently disempowering for women’. This particular concern, explained Dossett (2013), comes from different perspectives: ‘The religious language which runs through especially the main text *Alcoholics Anonymous* is patriarchal religious language. God is male’ (Dossett, 2013, p.10). Additionally, the problem of powerlessness in Step 1 (Alcoholics Anonymous, 2001, p.59) could be considered challenging for some women. Central to Step 1 is the understanding that the individual is unable to recover until they accept their

own powerlessness over their drinking (Alcoholics Anonymous, 2001, p.59). ‘For many women, the experience of addiction is associated with the experience of abuse’ (Dossett, 2013, p.10), and Dossett (2013, p.10-11) explained that ‘to be told that they must yet again be powerless’ is ‘perceived as perpetuating their victimhood and felt to be anti-feminist’. Dossett (2013, p.11) observed that although this criticism is powerful, it ‘fails to acknowledge the profound empowerment bought about by subsequent recovery if it is achieved’. This echoes my own experience with female clients who, as Dossett noted, use Twelve Step spiritual fluidity to establish their own reactions to this question; for example, clients who have created a female HP concept.

Kelly (2016b, p.6) argued that to dismiss AA on ‘the grounds that it is “religious” and therefore unscientific is inconsistent with the body of rigorous research accumulated during the past 25 years’. Psychologists Katie Witkiewitz, Elizabeth McCallion and Megan Kirouac (2016, p.58) argued that spirituality was/is important. They observed that ‘references to the importance of spirituality in protecting individuals from excessive drunkenness’ are many. They concurred with Kelly et al. (2011) who argued that engagement with Twelve Step spirituality improved abstinence outcomes. Indeed, they concluded that ‘spiritual experiences and spiritual practices including prayer and mindfulness meditation, may be helpful in reducing hazardous drinking’ (Witkiewitz, McCallion and Kirouac, 2016, p.58). Therefore, there are convincing arguments for the efficacy of Twelve Step spirituality and its role in a successful programme of recovery. Moreover, the value of this significance is validated by the fact that spirituality is being accorded an increasingly significant role in the healthcare sector more broadly, of which the TSP is a part. I turn to discuss this, and the definitions of spirituality offered therein.

2.3 An overview of spirituality and healthcare

Historian Gary B. Ferngren (2012, p.7) explained how in the late nineteenth century ‘western society underwent rapid secularisation in nearly every public sphere’.

Although some features of healthcare had religious roots, medicine ‘became a secular profession, it would move away from a religious emphasis on a vocational calling and compassionate care’ (Ferngren, 2012, p.7). Ferngren (2012) argued that by the middle of the twentieth century medicine no longer had any formal ties to religious values.

Psychologist Carl E. Miller and Thoresen (2003, p.24) observed that in the twentieth century ‘behavioural and health sciences came to be dominated by positivistic, and

naturalistic viewpoints, the spiritual side of human nature was often considered to be immaterial and, thus, by definition, an improper topic for scientific investigation'. Consequently, the place of spiritual concerns as part of health itself had also been sidelined. Miller and Thoresen (2003, p.26) explained how in the 1990s research on how spirituality/religion affects mental health was often 'poor in quality, often consisting of a single question, and spirituality has been narrowly conceived in terms of western traditions of organized religion'.

Philosopher Charles Taylor also recognised this wider cultural shift. He wrote *A Secular Age* (2007), and described his work as 'telling a story, that of what we usually call secularization in the modern West' (Taylor, 2007, p.ix), and traced dissatisfaction with Christianity back to the Enlightenment. This trend has continued, culminating, Taylor (2007, p.473) explained, with something that 'has happened in the last half-century, even less, which has profoundly altered the conditions of belief in our societies'. He described this process as creating a 'new spiritual landscape' (Taylor, 2007, p.513). This landscape includes more people describing themselves as atheists, agnostics or having no religion. Yet at the same time, there is 'another dimension, the gamut of beliefs in something beyond widens, fewer declaring belief in a personal God, while more hold to something like an impersonal force' (Taylor, 2007, p.513). For many this impersonal force is understood spiritually. Taylor (2007, p.513) concluded that a wide range of people still express religious beliefs, but these 'move outside Christian orthodoxy'. The specific case of healthcare sits within that wider plural landscape.

Alongside the increasing secularisation of Western Europe and North America, Sheldrake (2012, p.1) observed an increasing 'fascination with spirituality', which is 'a striking feature of our contemporary age'. Taylor (2007), Mercadante (2014) and Cook (2016) all recognised this interest. Cook and Mercadante use the term 'spiritual but not religious' (SBNR), which since the 1990s, 'has become part of the common parlance' (Mercadante, 2014, p.34). Mercadante (2014, p.34) argued that this 'movement may not be simply a protest against religion but also a protest against a secular world...that forces an overreliance on science to answer all problems'. By the 1990s, healthcare had responded to this and spirituality was being accorded a more prominent position in healthcare as both an aspect of health and a tool for recovery (Ferngren, 2012).

Additionally, the world was becoming familiar with the inclusive and pluralistic use of the word spiritual (Ferngren, 2012).

By the early 2000s, research into the role of spirituality within the infrastructure of healthcare was in full flow. Psychiatrist Sarah Eagger, social worker Peter Gilbert and chaplain Peter Richmond (2009, p.190) explained that spirituality ‘has been a part of the professional code of practice for physicians and other healthcare professionals in the UK since the inception of the NHS in 1947’. Although they surmised that today one ‘could be forgiven for not having a clear picture of how spiritual care is provided within today’s NHS. The issues round delivering such care are indeed complex’ (Eagger, Richmond and Gilbert, 2009, p.190). Additionally, the ‘massive and perpetual organizational pressures on the NHS’ mean ‘the humane imperatives of spirituality can easily be forgotten’ (Eagger, Richmond and Gilbert, 2009, p.206). Yet, they argued that today spirituality is firmly on the NHS agenda, which I now turn to.

One place where the NHS interacts with the practice of spirituality is through chaplaincy. Chaplain Julian Raffay, nurse Emily Wood and practical theologian Andrew Todd (2016) explained how modern NHS healthcare chaplaincy focused on providing spiritual support to all, irrespective of religious belief or denomination. Raffay, Wood and Todd (2016, p.5) completed a study in 2016 to investigate service users of NHS Spiritual and Pastoral Care (SPC). The benefits of SPC were explicit and ‘one frequent comment was that chaplains help service users find hope. This spiritual resilience was important to many’, as was the ‘community’ which ‘helped combat the isolation of mental illness’ (Raffay, Wood and Todd, 2016, p.8). This suggested that the provision of SPC within the NHS is a significant part of the recovery process. In addition, ‘their [clients’] faith provided strength, hope, and self-worth’; therefore, encouraging clients to articulate their spirituality is important, and these very qualities are, ‘key aspects of resilience and mental wellbeing, essential for mental health recovery’ (Raffay, Wood and Todd, 2016, p.6). Spirituality and recovery may thus have a positive alliance, and the authors concluded that ‘mental health service users are keen to have spiritual and religious elements to their care. Many regard this as central to the healing process’ (Raffay, Wood and Todd, 2016, p.10).

This focus on the healing process reflects aspects of healthcare practitioners (HCPs) Melanie Rogers and John Wattis' 2015 work on the relevance of action and practice, and how they can be conceptualised as spiritual. Rogers and Wattis (2015, p.52) explained that 'practice, considering and responding to whatever gives our clients hope, meaning and purpose in life will ensure spiritual needs are addressed'. Wattis, HCP Stephen Curran, and Rogers (2017) enriched this point, and concluded that spiritually competent practice (which required good rapport between client and the HCP) was more significant than trying to tie the concept of spirituality down. The issue of spiritually competent care is increasingly significant within healthcare, and I understood the relevance of this within the NHS, and hospital chaplaincy. However, although I agreed with the concept of care and support as being critical within spiritual care, and perhaps offering a step towards understanding the term, I had not been able to find a succinct definition of spirituality that offered more richness for the psychological field – specifically the TSP. I turn now to addiction studies within healthcare; I needed to discover if these studies offered any more comprehensive definitions of spirituality which would assist this research.

2.3.1 The status of the TSP in mental healthcare

Earlier, I explored Twelve Step spirituality as discussed in the original Twelve Step literature, and how some commentators specifically understand those Twelve Step texts. I now move to the views discussed by a wider medical and clinical community. These were important because they revealed the greater status being accorded to both the TSP, and the concern with its spiritual emphasis, which may help clarify definitions of spirituality. Kelly (2016b) explained that because of this (sometimes) controversial spiritual emphasis in the 1990s, the US Institute of Medicine called for more study on the efficacy of AA. This request initiated a great deal of federally funded research (Kelly, 2016b). The outcomes were mostly positive in terms of attendance being related to higher levels of abstinence (Kelly, 2016b). These findings created 'a perfect storm' argued Mercadante, (2014, p.177) in terms of an audience ready to receive the TSP.

The Project Match study played an internationally significant part in this process (Galanter, 2008b). Addictions commentator Mike Ashton (1999) explained Project Match started in 1989 and was sponsored by the US National Institute on Alcohol Abuse and Alcoholism. Project Match was an eight-year, \$27 million project; it

investigated which type of person suffering with alcoholism responded best to which form of treatment. Three types of treatment were used: cognitive behavioural therapy, which emphasised correcting self-defeating thinking; motivational enhancement therapy, which helped clients build on their own strengths to help improve chances of abstinence; and finally, an introduction to AA carried out as an independent treatment to introduce clients to Twelve Step principles, including spirituality (Ashton, 1999). The study concluded that all three techniques are equal in ‘effectiveness’ (Ashton, 1999, p.16). This was significant because as Ashton (1999, p.16) concluded, the results of the study ‘furnished the first sound demonstration that the lay wisdom of the twelve steps *can* do as well as clinically developed therapies’. Galanter (2006, p.289) agreed, observing that ‘evidence of the efficacy of the Twelve Step approach under controlled conditions emerged from Project Match’, so proving that the spiritual emphasis within this approach was valuable.

Kelly’s 2016 study: *Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavioural change (MOBC) research* garnered much interest in Europe. Kelly’s quest was to review the original AA literature with the findings from the last 25 years of research. Kelly (2016b, p.1) discovered that recent literature and research revealed that AA’s beneficial effect ‘seem[s] to be carried by social, cognitive and affective mechanisms’. Kelly (2016b, p.1) concluded that AA does indeed aid addiction recovery through its ability to mobilise ‘therapeutic mechanisms’ for free, over the ‘long term in the communities in which people live’. Indeed, open to all members is the ‘protective wall of human community’ (Kelly, 2016b, p.6) (first discussed by Jung in 1961, Chapter 1), which is created by meetings, peer support and sponsorship.

Kelly (2016b, p.6) stated that this wall ‘practices the human virtues of gratitude, hope, forgiveness and compassion’, which he admitted might ‘be considered spiritual’. Therefore, these qualities could also be palatable to those practising a more secular recovery, thus the answer to his question is ‘yes’. Dossett (2017) and Vederhus (2016) argued that Kelly’s review (2016b) does indeed provide positive evidence-based information regarding behaviour change mechanisms at work in AA, which are often regarded as spiritual. Vederhus (2016) concluded that the professional community needs to re-think their ambivalence and be better trained about Twelve Step spiritual

emphasis. These studies revealed that healthcare was taking Twelve Step spirituality a great deal more seriously. They were also useful in clarifying the benefits of Twelve Step spirituality, especially the deeply practical and communal components which make it accessible. What I was still looking for though was a deeper definition of what was distinctive about Twelve Step spirituality, and so I turned to psychiatry and psychology.

2.3.2 Spirituality and mental healthcare

The relationship between psychiatry, psychology and spirituality fluctuates but it has a long history. Psychiatrist Andrew Sims and Cook (2009, p.1) explained, often historically ‘psychiatric care has been provided within a spiritual or religious context’. Psychiatrist Andrew Powell described how he and psychiatrist Larry Culliford (Powell, 2009, p.xv) started the ‘Spirituality and Psychiatry Special Interest Group’ at the Royal College of Psychiatrists as ‘the culmination of many years of puzzling over the divide between spirituality and psychiatry’. Sims, Powell and Cook (2009) observed that the psychiatric profession was traditionally ambivalent about spirituality and healthcare. Indeed, Powell (2009, p.xvi) specified that any potentially spiritual dimensions of a client’s mental health were ‘largely ignored’, a matter he admitted was of some concern – but this is changing.

From its inception in 1999, membership of this special interest group has grown to over three thousand psychiatrists today (Royal College of Psychiatrists, 2017). The aim is to deal with how ‘spirituality and mental healthcare can connect’, and ‘how to make a place for spiritual needs within a mental healthcare service, and most important, how spirituality can help mental health’ (Royal College of Psychiatrists, 2017, p.1). Theologian John Swinton (2001, p.174) had previously made this argument, that psychiatrists and other health professionals, as well as being psychiatrically and psychologically knowledgeable, need ‘the language of spirituality that focuses on issues of learning, hope, value, connectedness and transcendence’. Therefore, the healthcare sector is getting interested in spirituality once more, after a period of secularisation.

2.4 Definitions of spirituality and religion

2.4.1 Definitions of spirituality

Resolving the vagueness in definitions of spirituality and religion was a challenging task, and the literature was substantial. Therefore, I focused on scholars who were

directly involved with healthcare, addiction and spirituality, whether from a healthcare or theological perspective. Cook (2004, p.540) explained, 'In the 20th century the word [spirituality] came into widespread usage in many languages, in relation to all religious traditions, and unrelated to any religious tradition, but without satisfactory definition'. Wattis, Curran and Rogers (2017, p.6) agreed, and observed how 'spirituality can denote an inner life without any reference to religion, God or the supernatural'. Colin Jay (2013) cited the argument of medical researcher John Paley (cited in Jay, 2013), which suggested that much current research on spirituality is vague, and once spirituality has been released from the confines of its religious tradition it becomes a 'sort of giant conceptual sponge' (Jay, 2013, p.42). Earlier on, Swinton (2001, p.12) observed the problem, and noted that spirituality 'has...become a slippery concept within Western culture...there may be a number of common themes such as God, meaning, purpose, value and hope, there does not appear to be a common definition that can fully encapsulate what spirituality is'.

Furthermore, Rogers and Wattis (2015) observed the dangers of an over inclusive definition of spirituality, arguing that it may become cumbersome and defy effective research. I turned back to Cook to assist because his background in theology, psychiatry and the TSP assured me that his definition would have been impacted by these disciplines. Moreover, I noticed that some NHS studies discussed – for example Wattis, Rogers and Curran (2017) – commended this definition:

'Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is concerned with matters of meaning and purpose in life, truth and values.' (Cook, 2004, p.548-549)

Sims and Cook (2009, p.4) argued that this definition encompassed the universality of spirituality as 'a subjective dimension of the experience of being human'. Cook grounded his definition in human experience, and Swinton also argued for the value of experience in helping us understand spirituality. Swinton (2001, p.14) recognised how spiritual experience has individual and communal components and may include the 'specific way in which communities and individuals respond to the experience of the spirit' and search for meaning and purpose. Sims and Cook (2009, p.4) argued that

although this definition was developed in response to work on addiction it ‘applies equally well to other areas of psychiatry’.

Cook’s (2004, p.539) work illustrated the multi-faceted nature of spirituality, and he explained that it was possible to identify ‘13 conceptual components...Among these conceptual components of spirituality “relatedness” and “transcendence” were encountered most frequently’. Indeed, Cook (2004, p.547) argued that ‘*relatedness* [original emphasis] could be understood as the pervading theme’ of spirituality.

Swinton (2001, p.18) concurred with the significance of relatedness, and observed the loneliness that often accompanies emotional illness, which means that it is important for health carers ‘to acknowledge the implications of human interconnectedness’ through the process of relationship. Relationality agreed Swinton (2001, p .14), is a significant part of spirituality, indeed, spirituality ‘can be understood as an internal or interpersonal force of interconnectivity’. The significance of ‘others’ and relationship with these ‘others’ is discussed regularly with regards to definitions of spirituality, (Swinton, 2001, Sheldrake, 2012).

I took Cook’s explanation here as the definition of spirituality to inform the kinds of experience I was looking to understand. Cook’s emphasis on the significance of experience in helping elucidate spirituality was one that shaped this project. Cook’s definition provided some of the character of what spirituality is about, including its purpose and the kinds of experiences that mediate this purpose and meaning, including those within relationship, daily life and the experiences of others. His emphasis on relationship was directly compatible with my earlier work (Graham, 2003), and what I had observed within the relational support offered by the Twelve Step fellowship. Therefore, I was left with an emphasis on experiences as the place to look to find the character, meaningfulness and occurrence of Twelve Step spirituality specifically, which provided a framework for the project. Swinton also considered the value of experience within the context provided by spirituality, which I turn to discuss.

2.4.2 The function of spirituality

Swinton (2001, p.13) argued that ‘in order to understand spirituality’ we need to let go of ‘neat definitions’. This ‘letting go’ enables us to ‘enter into an aspect of human experience which, in many respects, transcends final categorization’ (Swinton, 2001,

p.13). Therefore, Swinton knew that spirituality was hard to define, although like Cook, he argued that experience was potentially helpful in helping us gain insight into it. Perhaps further light may be shed on this matter by turning to what spirituality actually *does*. What function does it perform, and what is its purpose? This argument is enriched by Sheldrake (2012) who argued that spirituality needs to throw light on the underlying human condition within the context provided by everyday life, which I now turn to explain.

‘Spirituality is fundamentally concerned with cultivating a *spiritual life*’ (Sheldrake, 2012, p.120). Sheldrake explained that it does this in several different ways. Firstly, spirituality expresses the reflective human quest for identity and meaning beyond a purely pragmatic approach to life. Sheldrake’s emphasis on purpose and meaning is recognised by Cook (2004, p.545) as being significant for defining spirituality. Second, it suggests that a full human life needs to move beyond self-absorption to a sense of the greater good and service of others, and, ‘helping/relating’ were terms associated with the ‘relatedness’ that Cook (2004, p.545) identified as being a crucial component of spirituality. Furthermore, Sheldrake (2012, p.60) recognised the practicalities of a spiritual life: ‘Spirituality as a way of life also embraces the active-practical type which promotes everyday life as the primary context for the spiritual path’. This everyday aspect to spirituality is illustrated by some classical spiritual traditions including the Spiritual Exercises of Ignatius Loyola (2012, p.60), which reveal how ‘God is encountered in and through the practices of everyday life’ (2012, p.74). This suggested that spirituality, could potentially be understood within the context provided by the experiences of daily life.

2.4.3 Religion

Considering Twelve Step spirituality, I was aware that some may develop a spiritual programme through an already present religious tradition. Spirituality is sometimes seen as being in conflict with religion and as discussed, there are concerns that the TSP is in fact a religious one. Culliford (2005, p.1) noted the potential religious/spiritual conflict and argued that ‘The concept of spirituality is inclusive and affects everybody. It overlaps with that of religion, but unlike spirituality, religion is potentially divisive and adopted only by some’. I turn now to discuss definitions of religion.

Religion is notoriously challenging to define, and William James (1902, p.20) observed that ‘the word religion cannot stand for any single principle or essence but is rather a collective name’. James admits that there are many different ways of conceptualising religion, however he offered the following definition ‘feelings, acts and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine’ (James, 1902, p.22). James (1902, p.24) specified that this ‘divine’ can be interpreted very broadly ‘denoting any object that is godlike, whether it be a concrete deity or not’. Thus, there is a fluidity here, and an emphasis on the relevance of experience that is also apparent within definitions of spirituality. This is perhaps indicative of the shift going on in the twentieth century away from structured institutional religion – perhaps working today, James might well have called what he’s talking about here spirituality.

Theologian James Byrne (1998, p.102) traced the etymological roots of the English word religion to Latin (‘to bind’), and the modern use of the word ‘Has come to mean a set of personal or communal beliefs which usually, though not always, entail belief in, and often experience of, a transcendent being or beings, prayer or worship, ceremonies, rituals, ethical codes etc’. Byrne (1998, p.103) described religion as a ‘category...understood as the rationalisation of the fundamental distinction between God and the world’. The category of religion is ‘an artificial construct which sets up this discrete realm of human activity, a realm which is perceived as distinct from the rest of life’ (Byrne, 1998, p.103-4). Therefore, according to Byrne, religion is a particular ‘category’ in life rather than something that permeates all areas of life. In contrast, sociologist Daniel Bell (1976, p.169) argued that religion is a ‘constitutive part of man’s consciousness...the affective need to establish rituals and to make such conceptions sacred; the primordial need for relatedness to some others, or to a set of meanings which will establish a transcendent response to the self’. Therefore, he saw religion as being far more encompassing, an inescapable a part of who we are, and a part that impacts the whole. Both scholars agreed that religion indicates a sense of the transcendent and the rituals necessary to help us dialogue with this transcendence.

Koenig (2008, p.4) argued,

‘Religions usually have specific beliefs about the life after death and rules about conduct that guide life within a social group. Religion is often organized and practiced within a community, but it can also be practiced alone and in private.

Central to its definition, however, is that religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred.'

This prompts another term to explain: the sacred. Koenig (2008, p.4) explained, 'I define the sacred as that which relates to the numinous (mystical, supernatural) or God, and in Asian religious traditions, to Ultimate Truth or Reality'. Psychologist Kenneth Pargament (1997, p.24) recognised the fluidity that Byrne discussed and explained the 'myriad definitions of religion reflect the intricacies of religious life. They also mirror the diverse interests and perspectives of those who study and work with it'. Pargament (1997, p.32), attempting to define religion concluded that 'religion has or do with building, changing and holding onto the things people care about in ways that are tied to the sacred'. This 'building' is often done through rituals, and Koenig (2008) elaborated further about the importance of rituals in religion that may have both communal and individual elements. Moreover, Koenig (2008, p.7) argued that religion may play an important role in helping us cope with life, which is especially pertinent to the challenges posed by addiction, and indeed healthcare more generally:

'Religious beliefs provide a sense of meaning and purpose in difficult life circumstances that assist with psychological integration; they usually promote a positive world-view that is optimistic and hopeful; they provide role models in sacred writings that facilitate acceptance of suffering; they give people a sense of indirect control over circumstances, reducing the need for personal control; and they offer a community of support, both human and divine, to help reduce isolation and loneliness.'

This emphasis on the importance of religion and coping was also recognised by Pargament (1997, p.3) who argued that 'the most dramatic signs of religious life come from times of stress'. This he argued was not surprising because 'hardship, suffering and conflict have been centers of concern for the major religions of the world' (Pargament, 1997, p.30), and he explained that 'religions of the world have a deep appreciation for the often-painful nature of the human condition' (1997, p.3). Pargament (1997, p.5) also noted how many people 'bring a reservoir of religious resources with them when they face stressful times'. Therefore, he concluded 'many of the central students of religion from Saint Augustine and Maimonides to William James and Paul Tillich have turned their attention to the role of religions in the most perplexing, difficult of times' as these times provide a 'clear window' (Pargament, 1997, p.5) into understanding religious experience.

Koenig (2008) argued that religion (like spirituality) provides meaning and purpose in an individual's life, and it is this meaning (in whatever form) that helps individuals cope with these adverse life circumstance (Pargament, 1997). This role is important, and a spiritual life may perform the same function. What seems to distinguish religion from spirituality is the complexity of the ritual, the shared beliefs and the shared focus of those beliefs on a shared specific figure or idea 'that religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred' (Koenig, 2008, p.4). It is this definition that I use to define religion throughout.

2.4.4 Spirituality and religion

Mercadante (2010, p.2) was adamant about the dangers of trying 'to separate spirituality and religion...not only is it artificial, but it leads to stereotypes'. Mercadante (2010, p.2) argued that 'religion and spirituality are so interwoven with each other that hardly anyone experiences them completely apart'. Indeed 'you cannot...cleanly pull spirituality and religion apart...in the end what we call spirituality also comes to us in the vehicle of some religious framework'. Mercadante's argument on this issue of the overlap between religion and spirituality is reasonable. However, as Koenig (2008, p.4) explained, religion specifically involves 'a group of people with common beliefs and practices concerning the sacred', and these define a chief difference between religion and spirituality. This separation/difference is recognised by Twelve Step literature, which insists on its spiritual character without requiring any specific religious affiliation (i.e., common beliefs concerning the sacred) to connect with that. Within the TSP, an HP concept is critical, but what it/s/he is very disparate; therefore, preserving the inclusivity which Wilson argued for (Alcoholics Anonymous, 2001)

Sheldrake, (2012, p.97) observed that some readings of contemporary culture suggest that 'spirituality is in the process of *replacing* [original emphasis] religion...because spirituality rather than religion is a better fit with present day needs'. Sheldrake (2012, p.99) challenged this separation and argued 'a more nuanced view reveals that all religions are fundamentally based on a spiritual vision. Religions have given rise to various spiritual traditions that offer a "map" or path for the spiritual journey';

therefore, he argued for some alliance between the two concepts, as does Swinton (2001, p.11):

‘What seems to have happened is that the spiritual beliefs and desires that were once located primarily within institutionalised religions have migrated across to other forms of spirituality. The spiritual quest continues, but in a very different and much more diverse form than those traditionally assumed to be “normal”. This migration of spirituality from the “religious” to the “secular” has led to a change in the meaning of spirituality, as popularly conceived. Rather than being viewed as a specifically religious concept, spirituality has broadened in meaning into a more diffuse human need that can be met quite apart from institutionalised religious structures.’

What this means, clarified Swinton (2001, p.12), is that the ‘concept of spirituality is no longer confined to religion, nor is the practice of spiritual care necessarily located within any formal or religious tradition’. Moreover, Swinton (2001, p.23) explained how spirituality can be categorised as two types – religious and non-religious – both he believed are significant for healthcare: ‘While human spirituality is institutionalised and ritualised within particular religious traditions, it is not defined as a specifically religious concept’. Indeed, ‘formal organised religion is viewed... [as a] vehicle for the expression of human spirituality’ (Swinton, 2001, p.23). Swinton (2001, p.38) explained that both religion and spirituality ‘reflect genuine attempts to express the experiences of the spirit. Understood in this way, spirituality is seen to be relevant to all people, and spiritual care is something that extends beyond the remit of the religious’.

Cook (2004) discussed Swinton’s (2001) argument and explained how he suggests that we should recognise that spirituality includes a dimension of experience found in all humanity, which may include religion. This was relevant to my enquiry because for some participants, spirituality may include religious dimensions; therefore, this inclusive stance with regards to understanding religion and spirituality was helpful. The project was not concerned specifically with the semantic precision between religion and spirituality, but with how people experience spirituality in the TSP, which may be through a sense of the sacred (classified as religion by James, 1902), or other means. Many clients are anti-religion yet find themselves able to build a strong Twelve Step spiritual programme, and I also work with clients who use religious belief to create the very same thing, i.e., a strong spiritual programme. As Cook (2004) observed, too rigid or succinct definitions of spirituality are problematic. I now turn to theological

resources and how they potentially assist with developing an understanding of Twelve Step spirituality.

2.5 Theological resources and Twelve Step spirituality

Mercadante (1996) and theologian Herbert Hudson (2017) argued that Twelve Step spirituality owed many debts to its Christian roots. Therefore, early Twelve Step thinking, and practice evolved from a more specific, institutional religion which potentially influenced the spiritual content. This Christian dimension to Twelve Step spirituality was founded in Smith and Wilson's membership of the US evangelistic Christian orientated movement the Oxford Group, as discussed in Chapter 1 (Hudson, 2017). Despite this, Mercadante (1996, p.6) argued 'few works address the implicit theological roots and implications present in this [Twelve Step] ethos'. Theologian and philosopher Kent Dunnington (2011) suggested that only two theologians have written comprehensively on addiction: Mercadante (1996) and Nelson (2004). I would add that the work of scholars May (1988), McCormick (1989), Plantinga (1995), Cook (2006) and McDonough (2012) is also significant. Mercadante and McDonough were concerned specifically with theology and the TSP, whereas May, McCormick, Plantinga and Cook often recognised the value of the TSP but widened their discussion to speak about theology and addiction more generally.

2.5.1 *The Oxford Group*

'While the Twelve Step program never declared formal affiliation with the Oxford Group, the shadow lingers.' (Givens Kime, 2017, p.19)

The Oxford Group took addiction seriously, and Mercadante explained 'they saw these [addiction] problems as only one version of humans' perennial tendency to turn away from God. In other words, sin' (Mercadante, 2009, p.616). For the Oxford Group, there were Four Absolutes, which were to be practised at all times. Chesnut (2006, p.80) explained these were 'Absolute Honesty, Absolute Unselfishness, Absolute Love and Absolute Purity'. The Oxford Group argued that the biggest problem of human existence was sin, and the solution was found in conversion, confession and surrender (Mercadante, 1996). In this approach, sin was understood as a universal condition. Chesnut (2006) explained that it was the Oxford Group who introduced the language of disease to make sense of sinfulness. They argued that surrender to God and conversion

were necessary to cure this sin/disease, and this process was described as ‘soul surgery’ (Mercadante, 2009, p.102).

I now turn to *The Big Book* (Alcoholics Anonymous, 2001) which is a commonly used abbreviation for the title of the first edition *Alcoholics Anonymous: The Story of How More Than One Hundred Men have Recovered from Alcoholism* to explore how the Oxford Group’s concept of sin has influenced *The Big Book*’s description of alcoholism. Mercadante (2015, p.615) clarified that in the Oxford Group sin was ‘anything that stood between the individual and God’. Wilson used the word sin once in *The Big Book* to explain wrong action and described how he ‘ruthlessly faced my sins and became willing to have my new-found Friend [HP] take them away, root and branch’ (Alcoholics Anonymous, 2001, p.13) in order to recover. Wilson did not elaborate on the word sin, but he did elaborate on the action required to mitigate this process – surrender to HP. It was surrender of the self that enabled Wilson to abstain (Alcoholics Anonymous, 2001). For Wilson, excessive drinking was a consequence of unbridled self-will; indeed, he stated, ‘our troubles, we think, are basically of our own making...the alcoholic is an extreme example of self-will run riot’ (Alcoholics Anonymous, 2001, p.62). AA’s understanding of excessive drinking fuelled by self-will was similar to the Oxford group’s understanding of sin, because it was self-will (like sin) that stood between us and relations with God/HP. Therefore, explained Wilson, ‘we shall find no enduring strength until we first admit complete defeat is the main taproot from which our whole Society has sprung and flowered’ (Alcoholics Anonymous, 2014, p.22).

Wilson elaborated on the shortcomings of this ‘self’ and explained, ‘It is truly awful to admit that, glass in hand, we have warped our minds into such an obsession for destructive drinking that only an act of providence can remove it from us’ (Alcoholics Anonymous, 2014, p.21). This act of providence was made possible by working through the Steps, which involved an admission of the powerlessness in Step 1 (Alcoholics Anonymous, 2001, p.59). This was essential because ‘human resources, as marshalled by the will, were not sufficient; they failed utterly’ (Alcoholics Anonymous, 2001, p.45). The limitations of self-will were explained by Dossett (2015, p.43) who wrote that according to AA, alcoholism is a condition which is ‘*beyond all reach* [original emphasis] of personal will-power’, meaning that ‘some other power is, necessarily,

required’ (which is explicated by Step 2) and the admission that a greater power can restore the individual to sanity (Alcoholics Anonymous, 2001, p.59). Human activity is vital to the success of Step 3, which involves making a decision ‘to turn our will and our lives over to the care of God as we understood Him’ (Alcoholics Anonymous, 2014, p.34-5). The surrender of self in Step 3 was articulated clearly by Wilson and involved offering ‘myself to Thee [HP]...Relieve me of the bondage of self that I may better do Thy will’ (Alcoholics Anonymous, 2001, p.63).

Chesnut (2006, p.51) explained that this concept of ‘handing over’ came directly from the Oxford Group’s rediscovery of the ‘original evangelical message that we received this power to resist our own self-destructiveness through developing an immediate personal contact with God...we must *surrender* to obtain *power* [original emphasis]’. Indeed, Wilson concluded that ‘this concept [surrender] was the keystone of the new and triumphant arch through which we passed to freedom’ (Alcoholics Anonymous, 2001, p.62). Therefore, there is evidence to suggest that the AA’s Twelve Step understanding of alcoholism was shaped by the Oxford Group’s concept of sin. This concept involved the belief that sin was something that stood between us and God, and as Chesnut explained, it was the action of surrender that was necessary to counteract this.

2.5.2 The Christian doctrine of sin and AA

‘It would be hard to imagine an adequate and more practical grasp of the experience of sin, grace and forgiveness than that of AA’ (McCormick, 1989, p.138).

McCormick (1989) and Mercadante (1996) suggested that there may be good reasons for the sin/addiction connection when one takes a theological perspective on sin in terms of its relationality. Mercadante (2015, p.614) argued her understanding of original sin is that humans ‘are born with a predilection to turn away from God and good’ and follow their own will. As discussed, Wilson hardly used the word sin, possibly to preserve the inclusivity of Twelve Step spirituality, thereby ensuring that ‘members [of AA] are able to retain theological independence’ (Medina, 2013, p.15-6). However, Wilson’s argument does reflect the point that Mercadante made: ‘Our whole trouble had been the mis-use of will power. We had tried to bombard our problems with it instead of attempting to bring it into agreement with God’s intention for us’ (Alcoholics

Anonymous, 2014, p.40). The person suffering with alcoholism attempts to run life on self-will rather than turning to HP for support, and guidance. McCormick (1989, p.161) observed that ‘In its basic structure human sinfulness’ begins ‘with an aversion to God’, which is what Wilson described above in *The Big Book* (2001). Indeed, sin is

‘pointing specifically to the relations of the human person (and/or community) to the divine. Sin refers to some disruption threatening the health or survival of that relationship. Therefore sin-talk is ultimately linked to God-talk. To speak of sin is to speak about humanity’s relation to God.’ (McCormick, 1989, p.14)

Plantinga (1995, p.5) elaborated: ‘Above all sin disrupts and resists the vital human relation to God’. In same way that sin denotes resistance to our ‘vital’ connection to God, AA specified how the alcoholic often resists this vital connection through defiance. Indeed: ‘As psychiatrists have often observed, defiance is the outstanding characteristic of many an alcoholic. So, it’s not strange that lots of us have had our day at defying God Himself’ (Alcoholics Anonymous, 2014, p.31). May (1988, p.3) provided a vivid account of this addictive process which ‘enslaves the energy of desire to certain specific behaviours, things or people’ and the consequences ‘these objects of attachment...come to rule our lives’. The consequences of this relational defiance are therefore extreme and involve a destructive relationship with addiction, which supplants relationship with everything and everyone else – including God.

It would seem that Mercadante (2015, p.614) was indeed correct when she argued that ‘from a theological perspective, sin and addiction are not the opposites generally assumed. The identification of alienation from God, and the focus on spirituality and healing are core issues for both concepts’. Understanding this congruence, means ‘a carefully conceived theology can offer alternative views [of addiction] that avoid many of...the typical moralistic understandings of sin and an unnuanced disease model of addiction’ (Mercadante, 1996, p.5). Mercadante’s suggestion was that the relational disconnection in the Christian concept of sin has been replaced by the disease model of addiction; therefore, the concept of sin may be returned to, helping to understand Twelve Step spirituality (and sin itself in turn). Addiction and sin both involve lack of relationship, and if a sense of relatedness is experienced as spiritual (Cook, 2004), there is a suggestion that lack of relationship points to lack of spirituality.

2.5.3 Challenges with sin

Though a dialogue between the Christian concept of sin and Twelve Step spirituality was potentially rich, I needed to consider an associated problem. McCormick (1989, p.8) observed that ‘sin has not gone away, but the language and models which have provided access to a coherent and comprehensive grasp of sin are becoming progressively less helpful’. This is because these models contain and encourage a language of blame, condemnation and judgement (McCormick, 1989). Plantinga (1995) and Mercadante (1996) also recognised the problem, and Mercadante (1996, pp.18-19) explained the term sin is not used today because it ‘is often grouped along with immorality... “badness” and perversity’. Mercadante (1996, p.20) claimed that addiction professionals ‘fear it [sin] will take away from the gains that the disease concept of addiction has bought in making treatment accessible and acceptable’. She admitted that linking sin with addiction could erroneously convey the intention alcoholics are somehow being judged as immoral people (Mercadante, 1996); such a perspective could create antipathy in terms of further exploration of sin and addiction.

2.5.4 Recovery from addiction and the concept of grace

Wilson explained how once alcoholism takes hold it is extremely difficult to stop because of the self-will discussed, and his Christian heritage is evident in the following passages:

‘An individual with alcoholic tendencies...has probably placed himself beyond human aid, and unless locked up, may die or go permanently insane. These stark and ugly facts have been confirmed by legions of alcoholics throughout history. But for the grace of God, there would have been thousands more convincing demonstrations. So many want to stop but cannot. *There is a solution* [original emphasis].’ (Alcoholics Anonymous, 2001, pp.24-25).

That solution involves the admission that

‘Without help it [alcoholism] is too much for us. But there is One who has all power – that One is God. May you find Him now!’ (Alcoholics Anonymous, 2001, p.59)

Grace is used once within the *Big Book* (above), and over twenty times in *Twelve Steps and Twelve Traditions* (2014), and indicates powerful spiritual support against alcoholism. McCormick (1989, p.10) argued that like sin, addiction needed to be understood ‘in the context of salvation’ and, ‘in the light of the redeeming and salvic grace of God’. Recovery from alcoholism, argued May (1988), Mercadante (1996),

McCormick (1989) and McDonough (2012), has some close parallels to the theological concept of grace. Mercadante surmised that ‘Grace is the presence of God’ (1996, p.172). Those who work a spiritual programme recover because ‘through acknowledging God and being open to God’s grace, they’re given the power to step back from the destructive behaviour of addiction’ (Mercadante, 1996, p.172). Earlier, May (1988) agreed that grace signified God’s presence, and he also recognised the power of grace for the person suffering from addiction. Indeed, grace ‘can transcend repression, addiction, and every internal or external power that seeks to oppress the freedom of the human heart’ (May, 1988, p.4). Cook augments the argument and argued that theological resources must recognise ‘the need for the grace of God in recovery from addiction’ (Cook, 2006, p.170). These arguments are enriched by McDonough who explained that ‘grace works to heal a broken human’ (2012, p.50). This grace, McDonough explained is at work through individual and communal Twelve Step recovery processes (2012).

Mercadante (1996) argued that the ‘Promises’ in the *Big Book* are a consequence of grace, so pointing to the potential value of grace in helping understand Twelve Step spirituality. The Promises are a passage in the *Big Book* in which Wilson lists the outcomes of recovery and the importance of an HP concept is evident in the following extract:

If we are painstaking about this phrase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone we will see how our experience can benefit others. That feeling of uselessness and self pity will disappear. We will lose interest in selfish things, and gain interest in our fellows. Our whole attitude and outlook upon life will change. Fear of people and economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realise that God is doing for us what we could not do for ourselves.’ (Alcoholics Anonymous, 2001, p.84)

The Promises outline a life which involves living alongside the directives issued by the Twelve Steps, rather than those issued by self-will. Mercadante (1996, p.170) argued that ‘we were meant to live in communion with God and others. Indeed, we can only find our true selves when we place ourselves there’, and these Promises describe the consequences of living a life (Mercadante, 1996). Mercadante elaborated that this ‘recovery program limits its sight to individual restoration...it is a scenario of salvation’ although ‘there is no Christ figure, no objective act of redemption...no divine plan for

the world' (Mercadante, 1996, p.164). These differences, she admitted, were significant and I would argue point the TSP away from the religious 'institutionalised structures' discussed by Swinton (2001) and Koenig (2008).

The theologians discussed offered an assessment of what is going on in Wilson's thinking and AA in Christian theological terms. However, it is important to respect the radical inclusivity offered by AA and know that although he was influenced by the Oxford Group, Wilson was doing something different. He was trying to offer that set of ideas to a plural audience who could receive them, interpret them and practise them in ways outside the original religious infrastructures of buildings, rituals and language.

2.6 Limitations of the literature

May (1988), McCormick (1989) and Plantinga (1995) all understood a significant parallel between the theological concept of sin and addiction. Mercadante (1996, p.5) wrote specifically about how 'what was once described as sin is now described as addiction'. The Christian concept of sin is certainly invaluable in helping understand the problems of self-will and isolation within addictive illness. Cook (2006, p.19) recognised a relationship between sin and addiction but was of the view that addiction is an 'analogy' for sin, rather than the modern-day substitute (for sin) that Mercadante (1996) and to an extent May (1988) both argued for. The themes of fellowship, community and relationship with self, each other and HP, are all crucial to recovery. The theologians discussed argued that grace was essential within this recovery process and allowed the individual 'to step back' (Mercadante, 1996) from addiction. This suggests that grace has a role to play in understanding these themes more fully.

The work reviewed on spirituality began to build up a definition of what is meant by the concept of spirituality as such. In particular, the work of Swinton (2001), Cook (2004) and Sheldrake (2012) clarified that experience was crucial in understanding spirituality, and relationship, meaning and purpose were all potentially important components of this experience. Looking at spirituality in healthcare and chaplaincy augmented this point because community and relationship were understood as spiritual experiences. The concept of religion does not necessarily contradict this, and as Culliford observed (2005), there are points at which the two concepts overlap. In terms of religion, I could see that the 'common beliefs and practices concerning the sacred' (Koenig, 2008, p.4)

could have a relationship with an individual's spiritual programme, but by themselves do not really help define what is meant by spirituality. The religious terms discussed relate to the tradition in which the Twelve Steps are rooted, as Sheldrake (2012) suggested new movements of spirituality might. However, as Swinton (2001) observed, not all new spiritual practices or experiences can be rightly understood in religious terms, and these terms would need to be used carefully in professional practice because they evoke religious institutions not necessarily shared. I concurred with Cook who noted that spirituality arises as a dimension of experience, which for some may include religion (Cook, 2004).

2.7 Conclusion

Healthcare is undoubtedly placing a great deal more emphasis on spirituality, and how this may best be defined and delivered. The problem of addictive illness is a pressing one, and the TSP presents a spiritual emphasis which is inclusive and practical. Twelve Step spirituality is currently being discussed in the theological literature by way of religious concepts of sin, manifesting in the fracturing of relationships and the dangers of self-will. Conversely, alcoholism, according to Wilson, is recovered from through relationship with HP, which enables relationship with self and others. This concept of recovery was potentially enriched by the Christian concept of grace. Reflecting on Cook's definition (2004), which involved the importance of experience in defining spirituality, Twelve Step spirituality needed to be assessed in relation to the participants' experience of it. The way that the participants made sense of their own spiritual experiences of the Twelve Steps needed to be the foundation of further theological consideration. The following chapter provides a framework of my own lenses in taking up that question.

Chapter 3:

Exploring the Epistemology and Disciplinary Context of the Enquiry

3.1 Introduction

Three aspects of my own expectations and approach to this project are explained in order to clarify and contextualise the investigation. These lenses have shaped the priorities that guided the design of my fieldwork and analysis. First is my professional lens, which is created by my work as an addictions counsellor, in addition to some reflections on my professional context; second are my spiritual and theological lenses which, as I explain, help fill the gaps left by my psychological training; and finally, my epistemological lens through which I explain the relationship between the experience of the individual and the creation of knowledge.

3.2 Reasons for doing the DProf

Humanistic psychologist and scholar Clark Moustakas (1990, p.38) explained, ‘In heuristic methodology one seeks to obtain qualitative depictions that are at the heart and depth of a person’s experience – depictions of situations, events, conversations, relationships, feelings thoughts values and beliefs’. Etherington (2004, p.16) recognised the value of Moustakas’ research work, and she explained how Moustakas ‘introduced the concept of using self as a major tool in the research process in psychological research’. Moustakas (1990, p.9) wrote that ‘heuristic research came into his life when I was searching for a word that would meaningfully encompass the processes that I believed to be essential in investigations of the human experience’. This chimed strongly with me as I was deeply interested in investigating the experience of spirituality for persons suffering from addiction.

Moustakas (1990) emphasised the value of a personal quest, which resonated because my study of theology has been central for nearly 40 years and helped develop my theological and spiritual lenses. I went to a Catholic convent school, completed Theology O and A levels, and this Catholic teaching still shapes my religious belief today. I continue to work on a relationship with a loving and powerful God, ‘the God, eternal and immeasurable, almighty, unchangeable incomprehensible and ineffable’

(Profession of Faith, Fourth Lateran Council, 1215). I completed an MA in Religious Studies at Edinburgh University (1991) which taught Christian theology and different spiritual traditions – the process was immeasurably assisted by religious studies expert Frank Whaling (1987). My ongoing interest in theology and world religions continues to be enriched by my study of Twelve Step spirituality. An interest in beliefs espoused by different individuals and the impact this had on their lives has always been a strong focus.

3.3 My professional lens

My professional lens developed when I started my counselling training in 1992; this focused on the Minnesota Model. I was absorbed by the spiritual emphasis, notably the very practical application of spirituality to everyday life. My counselling work has encouraged me to listen to clients and hear first-hand accounts of individuals who have discovered/are discovering spirituality. What clients experience in terms of Twelve Step spirituality, and how I can best help them manage these experiences and learn from them is always a key emphasis in my counselling work. The Twelve Steps have honed my view that valuable knowledge is generated by experience, and I explored this idea more comprehensively in my published article '*Working with Narrative in Recovery*' (Graham, 2015, p.22). This focus was vital in the ongoing development of my epistemological lens, which views experience as vital to the discovery of knowledge. My DProf research enquiry tied together all strands of my theological and psychological study so far; this process signified an ongoing development of my professional lens.

In 1993 I started my voluntary apprenticeship at a drug and alcohol unit in London, which was housed in a psychiatric hospital. The programme was based on the Minnesota Model, and my apprenticeship was a valuable experience. 'Becoming a therapist is a personally transmitted craft for which no amount of academic work can substitute' explained teacher and counsellor Richard House (2010, p.223). Therapists from other disciplines also recognise the value of learning from sources other than academia; for example, psychoanalyst Patrick Casement (1991), who I discuss later. House (2010, p.223) explained how the apprentice model, which involves working alongside a more experienced practitioner, 'is in many ways more appropriate particularly for humanistic work than training models modelled after traditional professional disciplines'. My experience of both academic and apprentice type training

in a variety of settings bore out House's understanding. I learned that working alongside other therapists and listening to clients' stories teaches me as much about addiction as any textbook.

I listened, and I learned that clients' stories describe how they feel about what happened to them. AA explained (2001, p.58), group meetings are important and enable the open sharing of stories 'that disclose in a general way what we used to be like, what happened, and what we are like now'. This way of learning is not exclusive to addiction counsellors. Casement (1991) quoted analyst Wilfred Bion (1975, p.17, cited in Casement, 1991, p.6) who explained that the psychoanalyst 'should not spend too much time looking for the answer in books. The time we have is limited so we must read people'. So, from the start of my professional life what addictions expert Edward Khantzian described 'as the storytelling tradition in AA' (2014, p.234) was significant. Khantzian (2014, p.234) explained that

'The stories (in AA) constantly focus on the unthinking and unfeeling behaviours involved in persistent drinking and relapse. Participants sharing their stories...causes those telling the stories and those hearing the stories to reflect, and to begin to have reactions, thoughts, and feelings of shock and concern that were absent when their alcoholism was active and out of control.'

My apprenticeship learning was vital because it taught the value of listening to the stories of clients. It is an important part of my professional practice to offer a fresh perspective on an old story; I need to use my own attentive response to the story told to reflect this perspective.

Another reason I use the Minnesota Model in my professional context is because it educates; I discuss the importance of education in my introductory narrative.

Theologian Richard Shaull, in his introduction to Brazilian educator Paulo Freire's *Pedagogy of the Oppressed* (1996, p.16), recognised that education can indeed help:

'the practice of freedom – how men and women deal...with reality and discover how to participate in the transformation of their world. The development of an education methodology that facilitates this process will inevitably lead to tension and conflict within our society. But it could also contribute to the formation of a new man and mark the beginning of a new era in western history.'

Thus, Shaull believed that education is about formation. In the same way, therapy plays an educative role in the transformation of individuals and society if pursued through

Freire's (1996) liberative expectations. My counselling work helps clients with emotional awareness, and a better ability to relate to and connect with others. Thus, I believe that one big task of the TSP is to re-educate, and it does that by providing a Twelve Step plan for living which 'requires action on our part' (Alcoholics Anonymous, 2001, p.72). When this action is undertaken, the TSP promises that 'we are going to know a new freedom, and a new happiness' (Alcoholics Anonymous, 2001, p.83).

At the same time as my apprenticeship, I worked on a diploma in cognitive therapy at Goldsmiths College, University of London. I specialised in rational emotive behavioural therapy (REBT). This cognitive approach was formed by US clinical psychologist Albert Ellis in 1955 (Ellis, 1990). REBT is primarily concerned with how individuals maintain problems through faulty belief systems (Dryden, 1994). Ellis surmised three basic musts that create emotional problems: awfulising, damnation of self and others, and low frustration tolerance. REBT was designed to combat all three (Ellis, 1990). Faulty belief systems and rigid thinking are features of active addiction (Alcoholics Anonymous, 2001, p.61). Today, when appropriate, I use these cognitive skills in therapy sessions to help clients understand their potentially self-defeating belief systems, and what would be of more benefit to them.

My professional lens has also been shaped by the work of Rogers and his model of person-centred counselling (PCC). Significantly, Rogers was raised a Christian and spent two years in theological college before leaving to attend Teachers College, Columbia University after which he engaged in child clinical study. Rogers' theological leanings sit well with my interest in Twelve Step spirituality in its acceptance of diverse sources of support, which increased my clinical comfort with his therapeutic model. Rogers believed that the growth producing climate necessary to help heal is characterised by three core conditions: congruence, empathy and unconditional positive regard. These three conditions 'characterise the effective relationship between the person-centred therapist and her client' argued PCC therapists Dave Mearns and Brian Thorne (2000, p.85). Additionally, and significantly for this research, Rogers placed importance on the value of experience. Rogers (2000, p.97) argued that 'You must let your own experience tell you its own meaning'. Indeed, he continued 'could we but let experience tell us its own meaning...and assimilate those basic meanings into our own

structure of self, then there would be none of the inner strain which is so common to us all' (Rogers, 2000, p.98). Rogers was therefore concerned to help the client 'unravel the personal theory which he has constructed round his own experiencing', which may impede emotional growth and learning (Mearns and Thorne, 2000, p.5).

Psychologist Saul McLeod explained the first Rogerian principle of congruence. That is the real self is the expert on this self – the potential of each human is unique, and it is the therapist's job to help put the 'client in touch with this real self' (McLeod, 2007, p.7). Teacher and author Anna Sands, writing from a Rogerian perspective explained, 'If a practitioner makes a habit of not being too human – sacrificing genuine interaction on the altar of analytic theory, then the techniques of therapy can make the atmosphere begin to feel unreal, and the therapist becomes increasingly unreal' (Sands, 2000, p.138). Sands argued that this process also causes the client's story to continue fragmenting because the client senses inauthenticity, encouraging them to do the same, which in turn facilitates their sense of self to become increasingly eroded. Hence, the importance of Figge's (1999, p.95) argument for the significance of 'realness'. Figge argued that this quality can break through disconnection in a way that pure theory never does. This argument also fits with my epistemological stance that the client holds the potential to be the expert on themselves (not me), and it is my job to put them in touch with this expertise. The second core condition, unconditional positive regard (Figge, 1999, p.100; Mearns and Thorne, 2000, p.59), overlaps with my congruence. When I am totally non-judgemental and accepting, clients speak more freely.

The third core condition is empathetic understanding (Mearns, 2000, p.8); 'empathetic understanding restores to the lonely and alienated individual a sense of belonging to the human race' (Mearns, Thorne and McLeod, 2013, p.16). I attempt to perceive the world as the client perceives it and follow how they feel, really trying to understand their story, which encourages them to speak more freely. Rogers (2000) was convinced that the core conditions created a growth producing climate and remained concerned with the centrality of the therapeutic relationship, which is a key part of my work. This point is enriched by Khantzian (2014, p.225): 'The treatment relationship offers a humane, comforting, and containing remedy to the dehumanizing discomforting and disorganising causes and consequences of addictive disorders'. These Rogerian

concepts are critical to my work with clients and assist with the creation of a strong therapeutic alliance.

Psychotherapist Michael Kahn's original 1997⁵ work built on my provision of core conditions, and influenced me on the centrality of empathy and good relationship:

‘Let's imagine ourselves who have succeeded integrating Freud, Rogers, Gill and Kohut. We will aspire to genuineness: we will strive to be transparent not wearing our therapist mask and not pretending to be someone we're not. And we will remember how important it is to find ways of letting our clients know that we consider them worthwhile persons.’ (1997, p.166)

Kahn (1997, p.166) explained that the therapist will remain non-defensive, and ‘we have much to learn from the way clients see us...we must always be willing to ask ourselves what we have done to provoke a particular response, and we must always be willing to encourage the client to talk about it’. Indeed, when clients ‘give us a bad time they may be showing us the kind of bad time some-one gave them long ago’ (Kahn, 1997, p.166). I agree with Kahn; I need to stay open to this process, however challenging, and treat the information it gives me about clients with acceptance and respect.

3.3.1 Reflexivity in my professional practice

Etherington (2004, p.30) described the significance of reflexivity in counselling practice, and how ‘our own life experiences and contexts might be impacting on our therapy and listening’. I am aware of this process in my professional practice, and regular clinical supervision helps me deal with this issue as best I can. I considered my professional lenses and my stance as reflexive counsellor, and I turned to the work of scholars and social scientists Natasha Mauthner and Arnaud Doucet (1998, p.21) who elaborated that ‘reflexivity names reflecting upon and understanding our own personal, political and intellectual autobiographies’.

My ‘autobiography’ has been positively shaped by the TSP. What Cameron and Duce (2013, p.2) called the ‘starting point’ of this research was created by my first experience of Twelve Step spirituality with my own counsellor, Paul, 25 years ago. I sought therapy as many of my family members were suffering from addiction, and I found the

⁵ The original text of *Between Therapist and Client* was written by Michael Kahn in 1924. I am using the 1997 imprint for in-text citations.

familial challenges upsetting and intimidating. I was referred to Paul who was himself recovering from addiction. Paul explained the TSP to me, and recommended Al-Anon groups, which I attended and still do. Al-Anon is designed for families and friends of those suffering with addiction. It was founded in 1951 by Wilson's wife Lois (Travis, 2009). I worked the Steps in Al-Anon, and I applied them to my own familial circumstances. This was most supportive and helped ease my anxiety round complex family dynamics.

I considered my 'professional autobiography' and how it has been impacted by Minnesota Model training. I turned again to Etherington (2004) who questioned how my personal history led to my interest in this topic, and how I am positioned in relation to this knowledge. My experiences with the study of religion at Edinburgh University, my participation in Al-anon and counselling those with addictive disorders created a strong belief in the TSP – I was therefore predisposed to favour the TSP and its spiritual emphasis. Yet, I have always remained respectful towards those who wish to find another route to recovery and/or those who, for whatever reason, do not get on with the TSP. In my assessment work, as described in Chapter 1, I always make sure that I had/have an excellent stable of professionals who can offer another/an additional path to recovery.

3.4 My theological and spiritual lenses

Early on in my counselling training at Goldsmiths I still hankered after answers to questions about life itself, and what diverse life experiences might mean. These questions are often part of daily life, and I frequently hear clients discuss them too. They were answered by my theological studies but not by counselling training. I missed my religious studies at Edinburgh, and the sense I had when studying theology at school: that I was embracing something important, meaningful and fulfilling. Studying religions and Catholic theology shaped me emotionally, and the themes I absorbed are a significant part of my lens. They include honesty (self and other); justice; kindness to others; the importance (and difficulties) of relationship with God, self and others; the significance of life direction provided by God; the frailty of humankind; the power of God; and the empty barrenness of a life without God. These beliefs shaped by my early education were later to be honed into something more accessible by my own Al-Anon experience.

Use of the Minnesota Model in my professional practice led to my MSc research on spirituality as a resource for the recovering community (Graham, 2003). I wanted to continue this research on spirituality post MSc, but a new job halted this process. When I found out about a DProf in Practical Theology ten years later, I was interested. Cameron and Duce (2013, p.120) helped me understand practical theology, explaining 'practical theology is the theological study of practice', and they are free in locating where and what this practice might be. Cameron and Duce (2013, p.12) also wrote 'you need to think about how practice can be studied theologically'. My attention to Twelve Step spirituality in my working practice means that there is a theological component to my practice – specifically my belief that humans have a spiritual aspect, which my research inquiry was to build on. I intended that my research enquiry developed discussion on the theological aspects of my practice. This strengthens the contribution of this work to practical theology, and Twelve Step practice, including spirituality which is being increasingly recognised as a valuable resource.

Dossett's current research, the Higher Power Project (University of Chester, 2016), revealed the increasingly recognised significance of Twelve Step spirituality, which I discussed in Chapter 2. Additionally, theologian Richard Rohr (2011, p.147) believed that the HP concept is vital and when 'we learn to identify our addiction, embrace both ourselves and our brokenness, and surrender to God, we begin to bring healing to ourselves and our world'. Rohr acknowledged that humankind finds change difficult without the push created by this suffering. Rohr (2011) and the Twelve Steps look to relations with self, with others and with God as being vital in overcoming this suffering, so enabling the restoration of the real self who can live a spiritual life. This adds further theological meaning to my practice and my research. How we can learn from our suffering, and how this learning process may inform a sense of spirituality is an important part of my lens. This also names a theological component to my current practice: how I value the human person and their sense of self. I discussed these points at some length in Paper 1 (Appendix 1). Taylor, when discussing the nature of the self, brings the two points together: 'People who draw their life from within, who don't rely on the good opinions of others...are named by God and have recognised that name as their deepest and truest self' (Taylor, 1989, p.139). Rohr's discussion of the real self was similar in some ways to the 'higher face' of Augustine's soul needing to recognise

its reliance on God (Rohr, 1996, p.33). These are small examples of the theological thinking developing my lens. I find that the words of May (1988), Rohr (2011) and Dossett (2013) chime with me in a way that many psychological writers and teachers do not.

One of the reasons my professional lens has been increasingly shaped by my theological study is that I have witnessed some therapeutic practice I do not agree with. Masson (1992) argued that the disciplines of counselling and psychotherapy attract the wounded healer. Mearns, Thorne and McLeod (2013, p.24) concurred, arguing that ‘the world is full of helpers whose activity is a desperate strategy to avoid confronting themselves’. This process rarely serves a client well and inevitably becomes about the therapist’s ego, desired brilliance or own emotional wounds rather than the client’s needs (Masson, 1992). Sometimes these wounds create what Casement (1991, p.ix) described as ‘a tendency for some analysts to become inappropriately controlling through being dogmatic, which interferes with the analytic process... [and] learning to learn from the client provides balance against this’. I avoid forcing cases into psychological theory because this process may sometimes take precedence over the individuality of the people the theory is trying to treat. This argument is one of the reasons I pay such attention to the therapeutic relationship – a good therapeutic alliance recognises the client as an individual (Kahn, 1997).

My theological lenses are important because I sometimes query some therapeutic theory and how it deals with the matter of being human. Sands argued that most therapeutic theory and its subsequent efficacy was written by therapists; surely, she argued, it is the client that needs to be heard in determining how successful the therapy is? Sands (2000), House (2010) and Masson (1992) all argued that it is easy for therapists to dismiss client complaints as being a result of the transference between them and the therapist or because of some other expert diagnosis with which the therapist labels the client; this process may also create a hierarchy in the therapy sessions (Masson, 1992). I never dismiss clients’ concerns; feeling dismissed, inadequate or unheard is often part of what brings them to therapy. I have lost count of how many times a client has said to me, ‘but you are the expert’. I reassure them that they are in fact the expert on their story, and it is my job to create a forum where they can discuss this story safely, and without fear of judgement. I agree with Sands that: ‘therapy needs to be liberated from

fear – the fear around being too human, so that what we learn to be above all is humane’ (Sands, 2000, p.202). This sentiment reflects an important objective behind my lens: the importance of humanness, which I think theological resources sometime deals with better than psychology.

It is the client’s experience of deepest values and commitments that they often want to explore, and attention to spiritual, and in some instances theological, meaning has often proven more effective than psychology for this type of question. *A Research Project Exploring Twelve Step Spirituality with Practical Theology* will help answer these questions because, as theologian David Tracy (1987, p.87) explained, ‘Religious questions deliberately ask the question of the meaning and truth of Ultimate Reality’. Tracy’s work suggested that certain classic religious texts are spiritually charged (about life itself) and can speak more broadly to human beings, which I discussed in Paper 2 (Appendix 2). Tracy (1988, p.43) said, ‘contemporary fundamental Christian theology can best be described as philosophical reflection upon the meanings present in common human experience and language’. Theologian Carol Lakey Hess (2014, p.299) explained Tracy’s relevance: ‘*Practical theology* [original emphasis] is the process of placing theology and cultural wisdom into a mutually critical and mutually enhancing conversation with one another for evoking and probing depth questions as most clearly articulated by systematic theologian David Tracy’. Tracy (1987) and Lakey Hess (2014) argued part of the human condition for many is looking for meaning in life, and religion or spirituality may facilitate this process.

Humans are looking for meaning; this search is not exclusive to persons suffering from addiction. Theologian Lee Butler recognised this and advocated how psychology and theology may work together, which is most reflective of my stance. He explained, ‘As humanity searches for life’s meaning, meaning is often constructed by and attributed to religion. Practical theologians, therefore, use psychological theories to help explore the ways culture and religions construct reality and govern human social intercourse’ (Butler, 2014, p.109). Butler agreed that there are most definite parallels in content and objectives between psychology and practical theology – they can work together. ‘Using psychological theory as a complementary resource instead of as a superior voice, practical theology assesses and interprets every human circumstance to explain and encourage’ (Butler, 2014, p.109).

Experience has taught me that the best way to offer this encouragement is to simultaneously accept clients as they are while also working with them to bring about change. These objectives need to be approached not with science or convoluted theory, but the very human qualities of ‘love, optimism and humour – concepts whose power lies in their ability to make us feel connected with each other’ (Sands, 2000, p.202). Sands (2000) and House (2010) agreed that this process is best done not by elaborate theory but by therapists who ‘offer to help us get the steps right...not by standing on the side-lines but being ready to join the dance’ (Sands, 2000, p.202). I agree, I need to be with the client doing my best to understand how they feel, thus empathising with experiences described. Attending to Twelve Step spirituality is valuable for the ‘ultimate’ questions, and those issues concerning ‘meaning and purpose’ (Cook, 2004, p.547). In turn this may suggest better, more intuitive counselling, and so a more effective treatment experience for the client. This attention (to spirituality) also helps understand the problem of addiction, and this frames my research aims. Thus, Sands’ understanding helps me join ‘the dance’ most vigorously.

3.5 My epistemological lens and my research

Writers and historians Kurtz and Ketcham (2002) were also very helpful in shaping my lenses; they wrote about the *Spirituality of Imperfection* (2002). They argued that AA has always called itself a spiritual, not a religious programme. They explained ‘the spirituality of imperfection that forms the heart and soul of Alcoholics Anonymous makes no claim to be right’ (Kurtz and Ketcham, 2002, p.6). I agreed with their stance; spirituality involves a journey towards humility rather than perfection. Indeed ‘trying to be perfect is the most tragic human mistake’ (Kurtz and Ketcham, 2002, p.5). The views expounded by Kurtz and Ketcham (2002) fit with my concern about how the story and experience of the individual is something for clients to tell anew rather than relying solely on the narratives often created for them by another person’s stories, families, philosophies or religions. Thus, my epistemological stance is that knowledge was created by the individual’s experience and this is sometimes a social process where others have a role to play. There is a task in therapy of discerning what social requirements might be damaging, versus those that are life giving. I have added this information to explain my epistemology – the value of experience which was so key to my research.

My epistemological stance was captured by Cameron and Duce's (2013, p.32) description of 'social constructivism epistemology', which articulated my understanding of how individuals create meaning together. Cameron and Duce (2013, p.32) explained this type of epistemology as one which also embraces relativism. 'If social reality is constructed through the interactions between people, then all value systems are equal and need to be tolerated'. Cameron and Duce's (1996, p.54) specificity on social constructivism has helped me to understand that the learner arrives at their own truth, which is created by social interactions with others in the Twelve Step fellowship. Freire (1996, p.54) deepened my understanding of this point explaining, 'they [students] develop the critical consciousness which would result from their intervention in the world as transformers of that world'. In turn this helped my understanding of my own epistemological stance, namely the construction of knowledge from experience.

I am now going to outline what this means epistemologically and therefore for the nature of the research enquiry itself. US music therapy writer and researcher Barbara Wheeler illuminated how I could use elements of this epistemological stance in my research. 'Epistemology asks: What are the ways in which knowing can be achieved in this frame of reality' (Wheeler, 2005, p.61). Central to my research data collection was how I could best extract this 'knowing' from the participants within the 'frame' provided by my research project. Therefore, my approach to research was an inductive one as explained in Chapter 1. Inductive research is exploratory; it seeks to discover how phenomena are revealed in real life situations. It is a process that evolves as the study progresses and generates rich insights on the phenomena. The inductive approach is also a deeply personal one because it involves a researcher's interactions in the creation of the data (Rudd, 2005). Cameron and Duce (2013, p.32) explained that theory is merely a tool and provides 'stimulus' for the asking of new (research) questions. Furthermore, Freire (1996, p.53) argued 'knowledge emerges only through invention and reinvention, through the restless, impatient, continuing, hopeful enquiry human beings pursue in the world, with the world, and with each other'. I agreed with this argument and understood interaction between people to create social reality and knowledge.

3.6 Conclusion

My professional context involves listening to individual clients create meaning for their lives from fragmentary events – including the experience of active addiction. I perform this task through my counselling skills, which have been honed through REBT, PCC and crucially the Minnesota Model, which has expanded and enriched my interest in spirituality. The theories that attempt clinical illumination are frequently about the therapist's ego (Masson, 1992) or psychiatric control (Sands, 2000), rather than possible solutions. The experience of Twelve Step spirituality is a most significant form of knowing, which I propose to enrich with practical theology. Knowledge comes from an individual's experience, and I needed to learn about the significance (or not) of Twelve Step spirituality and how it was actually experienced by the participants. The literature emphasised that spirituality specifically was experiential. Therefore, I needed to find out about people's experiences and the meaning that they understood those experiences to bear. It was important to find a methodology that was sympathetic to the value of this experience.

Chapter 4:

Methodology and Method Design

4.1 Introduction

I now turn to the methodology I chose, shaped by the epistemological, theological and professional lenses explained. I discuss the qualitative heuristic approach which introduces my choice of interpretative phenomenological analysis (IPA), which I used to interview eight participants. These two approaches mutually inform each other; the literature emphasised that spirituality specifically was experiential, therefore a methodology designed to discover people's experiences was critical. Moustakas (1990, 1994) explained that phenomenological research is concerned with exploring experience on the participant's own terms – a key emphasis in my research. However, what was different with IPA was that it highlighted the role of the researcher's interpretation of the material given by participants. Conversely, Moustakas' approach was about staying with what the participants said, highlighting themes but not interpreting them; however, his emphasis on the essence of experience resonated, and was helpful at some points of analysis. I also explain how through a semi-structured interview the participants were encouraged to explicate these spiritual experiences.

4.2 Aims

The TSP is so open in its understanding of spirituality that it would be quite difficult to articulate a hypothesis without contravening that openness. One can go so far as to agree with Dossett (2013) that the relationship between spirituality and recovery is undoubtedly significant. I have observed in my professional practice how clients who practise a spiritual programme have a stronger recovery in terms of both abstinence and emotional stability. Clients often admit they do not have an exact definition of spirituality, it is more of a felt sense. Cook's (2004) definition of spirituality suggested that a route to understanding this term is to attend to experience, which introduces many different facets of what spirituality might mean. The aim of this thesis was to understand these spiritual processes more fully by exploring them with theological resources. It was absolutely critical to build a durable foundation upon which this exploration could start. Therefore, I needed to uncover data that was rich with spiritual experiences. To fulfil this task, I turned back to my aims; they are significant in their

own right, and a rich source of learning for my professional practice. I sought to investigate:

- How spirituality was defined/understood by those in a Twelve Step programme.
- How spirituality was experienced, and how it operated/was operant in recovery.
- How theological resources help me understand these spiritual experiences more fully.
- How I can utilise my findings to assist clients' engagement in recovery programmes.

4.3 A qualitative approach

Swinton and Mowat (2006, p.25-28) argued that the quest for truth in the context of practical theology is best pursued by qualitative research. This emphasis on truth was important for my research and, as explained, I turned to Moustakas and his qualitative phenomenological approach. Moustakas (1990, p.13) argued for the importance of experience and believed that a research enquiry begins with a 'journey with something that has called to me from within my life experience'. The reflection on experience lies at the heart of Twelve Step practice itself, making a phenomenological approach appropriate for a theological exploration of Twelve Step spirituality. Moustakas explained how philosopher Edmund Husserl recognised that

'Any phenomenon represents a suitable starting point for an investigation. What is given in our perception of a thing is its appearance, yet this is not an empty illusion. It serves as the essential beginning of a science that seeks valid determinations that are open to anyone to verify.' (Husserl, 1931, p.129, cited by Moustakas, 1994, p.26)

Moustakas' approach encouraged the researcher to reflect on the nature and meaning of the phenomenon being investigated through first-hand accounts of individuals who experience it (1990). Moustakas (1990, p.27) described six phases of heuristic research as guiding investigations and comprising the basic research design: initial engagement; immersion in topic and question (individual interviews); incubation (analysis of transcripts); illumination; explication; and finally, culmination of research in a creative synthesis. Moustakas' work has helped me a great deal in the past (Graham, 2003), and I knew the value of these six stages. Yet I had some concerns about this plan. His work emphasised the value of the participants' voices only. I needed to deepen the Twelve Step spiritual experiences described with theological resources; therefore, I needed a methodology that focused on experiences, *and* facilitated interpretative activity.

I encountered IPA, which was first written about by social scientist Jonathan Smith in 2006 (Shinebourne, 2011). ‘IPA is concerned with human lived experience and posits that experience can be understood via an examination of the meanings which people impress upon it’, explained social scientists Jonathan Smith, Paul Flowers and Michael Larkin (2009, p.34), and is a qualitative approach with an emphasis on experience. I considered researchers Mathew Miles and Michael Huberman (1994, p.10) who explained that ‘another feature of qualitative data is their richness and holism, with strong potential for revealing complexity; such data provide “thick descriptions” that are vivid, nestled in real context, and have a ring of truth that has a strong impact on the reader’. These potentially ‘thick descriptions’ of spiritual experiences were essential to my research, and this coupled with an emphasis on experience made IPA an excellent choice. The aim of interpretative phenomenological analysis was to ‘explore in detail how participants make sense of their personal world...the primary goal of IPA researchers is to investigate how individuals make sense of their experience’, concluded social scientist Igor Pietkiewicz and Smith (2014, p.8). This built from my epistemological lens that knowledge was socially created, and the experience of participants was prioritised. Furthermore, the interpretative process was important in IPA, which I now turn to discuss further.

4.3.1 IPA and hermeneutics

An important aspect of IPA was provided by the philosophical discipline of hermeneutics – the philosophy of interpretation – which itself has a theological foundation. Theologian Friedrich Schleiermacher was described as the ‘Father of Practical Theology’ (Bennett, 2013, p.34), and his ideas form a significant touchstone for practical theology because ‘He offers a sophisticated account of the practices of interpretation, and of the science of hermeneutics, in a mode oriented to the understanding human subject, which has been deeply influential not only for biblical interpretation but for understanding the act of human understanding in a much wider frame’ (Bennett, 2013, p.35). This was critical because both these levels of understanding were part of my job as an effective researcher. Smith, Flowers and Larkin (2009, p.22) recognised Schleiermacher’s contribution to hermeneutics: ‘For Schleiermacher, interpretation was not a matter of following mechanical rules. Rather it is a craft, or art, involving the combination of a range of skills including intuition’. This

intuition is a skill that I use in my counselling work to understand and reflect back what the clients tells me, but IPA research would involve more active interpretation. I turned to scholar Carla Willig (2013, p.86) who explained that ‘even the facts of “lived experience” need to be captured in language (the human science text), and this is inevitably an interpretative process’. Medina (2013, p.49) augmented the argument: ‘interpreting the experience of another is...at the heart of both the challenge and possibility that IPA offers the researcher’.

Bennett (2013, p.36) explained that Schleiermacher identified two types of necessary understanding: the grammatical and ‘then there is the moment he names psychological or divinatory; this is close to what we might call intuitive’. Bennett’s (2013, p.36) argument described the richness of this process; it involves the interpreter ‘understanding the author better than himself’ and ‘leading the interpreter to transform himself, so to speak, into the author... gaining an immediate comprehension of the author as an individual’. This second process was named by Willig (2013, p.87) who elaborated that ‘though it [IPA] aims to explore the research participant’s experience from his or her perspective, it recognises that such an exploration must necessarily implicate the researcher’s own view of the world as well’. Therefore, Willig (2013, p.87) concluded ‘the phenomenological analysis produced by the researcher is always an *interpretation* [original emphasis] of the participants experiences.’ I turn to discuss this interpretative process in more detail.

IPA is focused on interpretative processes that involve a double hermeneutic:

‘Thus, a two-stage interpretation process, or double hermeneutic, is involved. The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world. IPA is therefore intellectually connected to hermeneutics and theories of interpretation.’ (Smith and Osborn, 2007, p.53)

IPA provides ‘detailed examination of the personal lived experience of practical engagement with the world’ and explains how participants make sense of the experience (Shinebourne, 2011, p.47). Smith, Flowers and Larkin (2009, p.23) explained that this process means ‘the interpretative analyst is able to offer a perspective on the text which the author is not’. This research has two layers of information; the first provided by the data given by participants, the second created by my interpretation (Smith and Osborn, 2007, p.53). I unravelled the meaning within the interviews ‘through a process of

interpretive engagement with the texts' (Willig, 2013, p.87, citing Smith 2009). Therefore, the double hermeneutic involved the participants making sense of their experience while I attempted to make sense of the participants trying to make sense of these experiences (Medina, 2013). Additionally, as a researcher I had information and experience which would impact how I interpreted what the participants told me. My interpretation of the data would be influenced by several sources: the oversight provided by more data, counselling theory and experience, the Minnesota Model, my own experience of the TSP, theological resources and the aims of the thesis itself.

4.3.2 IPA and idiography

A major influence on IPA is idiography, which is concerned with the particular. Smith, Flowers and Larkin (2009, p.29) explained that

‘IPA’s commitment to the particular operates at two levels. First there is a level of commitment to the particular, in the sense of detail, and therefore depth of analysis. As a result, analysis must be thorough and systematic. Secondly IPA is committed to understanding how particular experiential phenomena (an event process or relationships) have been understood from the perspective of a particular people in a particular context.’

Pietkiewicz and Smith (2014, p.8) explained that idiography refers to a detailed analysis of individual cases and ‘examining individual perspectives of study participants in their unique contexts’. Psychologists and teachers Kate Hefferon and Gil-Rodriguez (2011, p.756) expanded on this point and explained that the idiographic focus means IPA is especially suitable for ‘fewer participants examined at a greater depth’. Willig (2013, p.87) explained how the IPA idiographic approach means ‘insights produced’ are ‘as a result of intensive and detailed engagement with individual cases’ and from here IPA only cautiously develops generalisations. Thus, IPA considered very well my concern to treat each participant as an individual, and so was important for the possible outcomes of this research on my practice. Medina (2013, p.41) thickened this point and explained IPA ‘research... aims to capture the particular experience of a particular people’. This reflects my emphasis on the recovering individual who is also part of a larger Twelve Step community.

4.3.3 Suitability of approach

‘The main reason for choosing a research methodology is that it is consistent with the epistemological position of the research question.’ (Shinebourne, 2011, p.52)

The subjectivity of a person’s suffering from addiction is generating some interest within the IPA research community. IPA studies on addiction include work by IPA researchers Shinebourne and Smith (2009, 2010), Rodriguez and Smith (2014) and Givens Kime (2017). Medina (2013) used IPA to study how people in long-term AA recovery understand ‘Higher Power’ (2013). These studies all emphasised the value of experience, in terms of ongoing recovery, self and identity. Smith confirmed that ‘IPA methodology can make a valuable contribution to psychological understanding of addiction’ and provide ‘a subjective perspective not often addressed in psychological accounts of addictive behaviour’ (Shinebourne and Smith 2009, p.152). Furthermore IPA ‘can also support psychologists of religion to analyse spiritual experiences’ (Pietkiewicz, and Smith, 2015, p.9).

Shinebourne (2011, p.52) concluded that the research questions are likely to be meaningful for the participant and ‘often these are transformative issues concerned with personal and social identity’, and that these ‘issues’ are often spiritual. Significantly, Givens Kime (2017) and Medina (2013) both argued that that IPA does not seek in any way to negate previous research but rather interrogate and illuminate already existing research. This paralleled an intention behind my contribution: to shed new light on the already completed research on Twelve Step spirituality. This conversation is already a rich one, and one that commenced a long time ago (Medina, 2013). Givens Kime (2017, p.69) observed that many bodies of research teams have ‘investigated the spiritual and religious characteristics of recovery pathways, especially in the last few decades’. However, the majority, when employing a qualitative methodology, tend to employ tools that rely upon ‘measurements featuring dichotomies (e.g., ‘spiritual’ or not); closed questions; classification systems (e.g., spiritual, religious, both or neither); standardised scales; and/or single continuous dimensions (e.g., more or less spiritual, on a scale from one to five’ (Givens Kime, 2017, p.25).

Miller (2016, p.104) bemoaned this fact, and explained ‘We are no better than chance at predicting which treatment approach will be best for our clients... Clinical research

should move away from simplistic horse race trials toward method first implemented in the field of health identifying what actually promotes change'. Miller (2016, p.103) suggested that studies that 'support an inverse relationship between spiritual/religious factors and addiction' are required. Miller (2016, p.104) argued that treatment and research programmes must place 'far higher priority on understanding this phenomenon'. Givens Kime (2017, p.54) explained IPA was an appropriate response to Miller's argument because IPA research facilitated an enriched understanding of 'the subjective experience of recovery from addiction as interpreted by those who experience it, particularly the spiritual and religious characteristics of such experiences'. Indeed, Givens Kime (2017, p.53) argued how a 'deep exploration into the particularities of the religious/spiritual characteristics of the recovery experiences of a small number of persons seems a valuable contribution in the search for more complex understandings of the phenomena'.

I searched for theological studies using IPA; I wanted to see what drew other theologians to use it. One example is Lorraine Turner (2016) who specified how Smith, Flowers and Larkin (2009) reflect philosopher Hans Georg Gadamer's (Browning, 2004) approach to prejudice by describing the analysis of an interview as a double interpretation (Smith and Osborn, 2007, p.53). Turner explained that the person talking about bullying was already making interpretations and she interpreted those interpretations, which made it explicit that there were two interpreters. Turner concluded that those who encounter this study will also make their own interpretations in the light of who they are and knowing something of who she (Turner) is (Turner, verbatim, May 2016). This emphasis on hermeneutics resonated with me; given the emphasis I had developed on socially constructed understanding, the richness created by both my and the participants' interpretation of spirituality would be creative and informative.

Smith, Flowers and Larkin (2009), Willig (2013) and Givens Kime (2017) all observed how IPA encouraged 'broad research questions, resulting in broad sets of data from a few participants' (Givens Kime, 2017, p.58). Though the interview questions were specific, I was aware of the breadth of the subject matter, and how my interview questions needed to encourage and hold a rich diversity of answers. Givens Kime (2017, p.56) argued that IPA's thematic analysis encourages possible 'contradictions and

paradoxes within the interpretative accounts of participants...in this way IPA encourages the kind of “mess-holding” necessary for receiving the contradictions and irrationalities that often characterise addiction narratives’. Medina (2013, p.38) also recognised this process, and argued that IPA embraces any potential tension because ‘the [IPA] focus is therefore about wondering not confirming, experiencing not reducing and being with not observing’. Indeed, this process, he argued, facilitates a meaningful and authentic interpretation (Medina, 2013). I now offer a brief description of the research design, which includes detail on its suitability for my enquiry.

4.4 Research design

This section involves an explanation of how I created the data to answer my interview questions and recruit appropriate participants.

4.4.1 Semi-structured interview

Shinebourne (2011, p.49) argued that a semi-structured interview is the most ‘logical research method’ to glean knowledge from participants and, can generate rich data, personal knowledge, values, preferences and attitudes. To this end, Smith, Flowers and Larkin (2009, p.57) argued that ‘Semi-structured, one-to-one interviews are the preferred means for collecting such data... One to one interviews are easily managed, allowing a rapport to be developed and giving participants space to think, speak, and be heard’. Willig noted that since IPA requires ‘the researcher to enter the life world of the research participant, it is extremely important that the questions posed to the participants are open-ended...their sole purpose is to provide participants with an opportunity to share their personal experience of the phenomena under investigation’ (Willig, 2013, p.87). This flexibility allows the researcher to follow ‘unexpected turns... [which are] often the most valuable aspects of interviewing’ and ‘may well be of particular importance to the participant’ (Shinebourne, 2011, p.49). Semi-structured interviewing does not usually ask specific questions but asks participants to talk within certain topics. Then the use of prompts is advised to draw out further information relating to the research questions.

I decided to be very specific in the questions I asked, in order to meet the aims discussed. However, I also used prompts to facilitate as natural a flow of conversation as possible. Pietkiewicz and Smith (2014, p.9) agreed with the suitability of the semi-

structured format when the participant numbers are small, ‘but there is no rule on how many participants should be included... IPA studies have been published with – for example – one, four, nine, fifteen participants’. Eight participants seemed an appropriate middle ground. Swinton and Mowat (2006) deepened my understanding of the semi-structured interview, which I realised is a partial transcription of the participant’s story. Swinton and Mowat (2006, p.38) were convinced of the validity of the story, and how it is used to make sense of our lives, which I discussed in some detail in Paper 2 (Appendix 2). They argued that

‘for the qualitative researcher, narrative knowledge is perceived to be a legitimate, rigorous and valid form of knowledge that informs us about the world that are publicly significant. Stories are not simply meaningless anecdotes; they are important sources of knowledge’. Swinton and Mowat (2006, p.38)

4.4.2 Participants

Researchers Deborah Biggerstaff and Andrew Thompson (2008) explained the usual approach for the IPA researcher is to collect data using one round of semi-structured interviews from a specific group. As discussed, IPA recognised the value of a smaller, more purposive group of participants, which represents a ‘perspective rather than a population’ (Smith, Flowers and Larkin, 2009, p.50). Smith argued a small number of people who are specialists (2011) in the field facilitated a more penetrating and meaningful analysis. Smith, Flowers and Larkin (2009) argued that a larger participant group is unwieldy, and the sheer volume of data created inhibits attention to detail and sense of the particular that IPA advocated.

I thought about who was best placed to answer questions about Twelve Step spiritual experiences. Those in early recovery are understandably quite chaotic in their thinking, and vulnerable. I reflected on therapists who are in their own programme of recovery. Their depth of personal experience in addition to their professional expertise would enrich the interviews, and this group were potentially less vulnerable, although I knew that the well-being of addiction counsellors can be, on occasion, precarious. Medical practitioner David Best (2016, p.1) observed how ‘working with alcohol and other drug (AOD) using populations in treatment services is a demanding job that has been associated with a susceptibility to stress and burnout’. Best (2016) specified the importance of a good support network in order to counteract this issue.

I considered a colleague who ran an addiction rehabilitation centre in the UK, and the programme at the centre was based on the Minnesota Model. I believed that this particular colleague would be a fair and helpful gatekeeper. We discussed my research, and I mentioned my concern about counsellor burnout. The gatekeeper reassured me that each counsellor was in their own supervision for ongoing support. We discussed who had an interest in Twelve Step spirituality and their potential willingness to engage in the project. On this basis we made a list of staff members. All staff members listed were trained counsellors who worked with the Minnesota Model. Their duties included facilitating group work and individual counselling sessions with recovering persons. Furthermore, we clarified that each potential participant was a member of the Twelve Step fellowship.

This combination of both a professional and personal knowledge of the TSP would potentially create data that was rich and diverse. I discussed with the gatekeeper the counsellors who he considered most stable and experienced in order to make the interview as safe and ethical as possible. I asked eight counsellors if they would participate, and they all agreed. Colin was less enthusiastic but agreed, nonetheless. He admitted at the start of his interview that he only agreed to do the interview due to his awareness of the Twelve Step emphasis on service (Alcoholics Anonymous, 2001, p.89), and was pleasantly surprised by how much he enjoyed the interview process. Each participant had some experience of drug addiction as well as alcohol addiction, and all identified as being committed members of the TSP. By this I mean everyone described themselves as practising a programme of Twelve Step recovery, which included working the Steps and attending fellowship meetings on a regular basis.

4.4.3 The living human document

Cook (2016) discussed the living human document and I surmised that the participants were living human documents who were vital in the creation of the data required. Anton Boisen, a theologian in the twentieth century developed the term 'living human document'; I read about his work and theological legacy through pastor and chaplain Robert David Leas (2009). Leas explained that when Boisen wrote about the living human document in the 1920s he was alluding to an exploration of the experiences of individuals within their mental and religious life. Boisen argued that these experiences demanded the same respect as theological texts. Leas concluded that Boisen believed

that every 'living human document' had integrity of his/her own that called for understanding and interpretation with his/her religious heritage' (Leas, 2009, p.viii). Leas argued that Boisen's research with living human documents helped break the stigma of mental illness because his work displayed a new understanding of it.

Crucially for my enquiry, Leas (2009, p.viii) argued that Boisen demonstrated that you can 'learn theologically from listening to the narratives of hurting people'. Leas (2009, p.viii) argued that Boisen believed that the study of individual life stories can 'reinforce fundamental structures of theology while bringing about new understandings of religious experience'. Leas (2008, p.xix) explained how Boisen was very interested in 'how the living human document...challenges...those wishing to think theologically about what they encounter in the religious experience of human beings'. This was a big part of my motivation to start my DProf. The participants' stories would potentially encompass the past suffering of active addiction and the joys of recovery. I needed to think theologically about the data and explore how theological resources understood the experiences described. This process would enrich and illuminate my understanding of both addiction and recovery.

Additionally, Leas argued (2009, p.191) that Boisen believed 'we make sense of life by the stories we tell', which I explored in Paper 2 (Appendix 2). Boisen believed that the story of the person provides a language through which we understand and connect their inner world to the outer world of experience and life events (Leas, 2009, p.192). For Boisen, the living human document provided insights into the struggles undergone in the above process. Boisen argued that by listening to the stories provided by these 'documents', theology could develop ideas with confidence because these ideas were based on experience, which he argued was of supreme value theologically. Thus, the data of human experience is, argued Boisen, key in the development of theology. Leas concluded that 'what Boisen really wanted was to return to something like Friedrich Schleiermacher's empirical theology of religion as experience' (Leas, 2009, p.191). Experience was key in understanding spirituality (Cook, 2004), and so critical to my research enquiry. Boisen's focus mirrored exactly my concern with the value of the participants' experience.

Theologian Barbara McClure argued that Anton Boisen's work on living human documents established 'the text of human experiences as equally significant as the Bible or doctrinal theology in diagnosis of distress' (McClure, 2014, p.272). McClure (2014, p.273) argued that 'good pastoral care has always attended first to flesh and blood relationships and then reflected on the meaning of the encounter, often allowing human experience to challenge and inform accepted theological understanding'. She argued that because of this, contemporary pastoral care 'takes human experience, including religious experience, as its primary text for study.' (McClure, 2014, p.273). This was exactly my intention with the interviews. In turn this exploration would equip me with new resources to improve, sustain and revitalise my professional practice. My aim was that the interviews created a spiritual narrative and my interpretative process therein would enrich my understanding of spiritual experience, which would be explored with theological resources.

4.4.4 The interview questions

A Research Project Exploring Twelve Step Spirituality with Practical Theology meant that I needed to find out about the participants' spiritual experiences: what the word 'spiritual' meant to them, and how they experienced it. Clients have told me that they experience spiritual processes through the Twelve Step community, Twelve Step stories, Twelve Step meetings, organised religion or an existing religious faith system and/or being abstinent, so I wanted to keep opportunities open to discuss these things and discover new elements. The interview questions were to draw out a narrative from the participants. The research questions were the overarching questions for the whole project, and I wished to understand more fully how spirituality was experienced, what this experience taught and if this was important, why and were there any ongoing consequences of this experience.

Willig (2013, p.29) explained that the researcher's questions enable the interviewer to steer 'the interview to obtain the kind of data that will answer the research question'. This was different to a counselling session, in which the emphasis is very much on letting the client take the lead (discussed below). My questions focused on participants' understanding of their experience, and were exploratory; that is, they did not presume, but encouraged participants to tell me what *they* thought. I reviewed the questions with my clinical supervisor (who works a Twelve Step programme of recovery). I left the

questions with her for two weeks and then conducted an interview (with her), which I recorded so I could double check the quality of both the questions and my questioning. The questions created the detailed data on her spiritual experiences that I had hoped for. I noted that I needed to pause more during the questions to allow participants time for thought and reflection if necessary. In response to my supervisor's request, I destroyed the recording because she was concerned about her own confidentiality, which I understood. She fed back that she had found the questions stimulating and she believed that they would create interesting data.

I also discussed the questions with my second research supervisor – a psychotherapist. My second supervisor believed the questions in the fourth section on how participants were educated about spirituality could be interesting and elicit important data, so I developed this section. Additionally, I reflected on Freire (1996) and his insistence on people's own learning. This encouraged me to incorporate the word 'educate' into the concluding section; how were the participants educated about this spiritually: community, literature and/or the experiences of others in meetings? These questions were designed to stimulate the participants on the given topic without being too directive, leaving room for follow-up comments, perhaps sometimes acting as a 'prompt' for a particular subject (Pietkiewicz and Smith, 2014, p.10).

THE INTERVIEW QUESTIONS

1. The process of recovery

1.1 What does the word recovery mean to you?

1.2 How important was/are Twelve Step principles in your programme of recovery from addiction – what sort of role did/does it play?

1.3 The Twelve Step advocates that a sense of the spiritual is essential in a programme of recovery – how do you feel about this point?

2. Your recovery and spirituality

2.1. The TSP describes itself as a spiritual one – what does the word spirituality currently mean to you/how would you define it?

2.2 What is your understanding of the connection between spirituality and (your) health?

2.3 What sort of role did spirituality play in your life pre-recovery? Indeed, did it play a part at all? What are your views now on the subject?

2.4 AA literature describes ‘spiritual bankruptcy’ as being a part of active addiction. Was this your experience and if so, could you tell me about that process please? Did this experience play a significant role in instigating any change?

3. The effect of spirituality in your life today

3.1. What has been the nature of your pathway through recovery? i.e., has it been: Troubled? Peaceful? Exciting? A relief? Has spirituality played a role in these (possible) processes?

3.2. Please comment upon spirituality but also other aspects of people/therapies/aspects in life that have helped your recovery and how/why?

3.3. Are there any additional steps you have taken/take to ensure a strong spiritual programme? If so, what are these steps please?

4. How you were educated about spirituality in the TSP

4.1. How did you access/experience the spirituality that the TSP advocates is essential for recovery? If you had a previous belief system (of any sort) perhaps you could tell me how it has developed/enhanced your recovery?

4.2. Please, could you tell me how/did the Twelve Step meetings/community facilitate a sense of the spiritual for you – did they?

4.3 Did the stories you heard in Twelve Step meetings, education you received through Twelve Step texts and the experience of other recovering persons help you develop a sense of the spiritual? If so how?

4.5 Ethics

‘Ethical research practice is a dynamic process which needs to be monitored throughout data collection and analysis. An important starting point for any project is avoidance of harm...one must always evaluate the extent to which simply talking about sensitive issues might constitute “harm” for any participant group.’ (Smith, Flowers and Larkin, 2009, p.53)

The full research design was proposed and approved through the Anglia Ruskin Ethics Committee Faculty Research Ethics Panel in August 2015. I was aware that the

interviews could be traumatic for participants – they might trigger challenging and uncomfortable thoughts about past addiction. I intended that these risks were kept to an absolute minimum; I ensured that every participant had at least five years’ abstinence from drugs and alcohol and be over 25 years old. In addition, every participant was in regular supervision, and held at least a diploma level qualification in counselling skills. Moreover, I discussed all potential candidates with the gatekeeper, and checked that the gatekeeper was satisfied that each one could emotionally withstand the interview. The gatekeeper and I also discussed and emphasised voluntary participation with potential candidates. I also made clear in individual discussion with interviewees the topics involved, and as capable professionals they could assess their own situation. In addition, I had a list of three colleagues who could provide further support and counselling for the participants.

I considered my use of reflexivity in counselling work, and how this might shape my job as researcher. I turned to Brouard (2015, p.46) who argued that ‘ethical considerations required me to acknowledge my own bias and my own agenda’. My working life with the Minnesota Model, the title of my research enquiry and my interview questions indicated my strong interest and belief in the TSP and its spiritual emphasis. The reality of my professional practice meant that I was not completely objective nor neutral about the TSP, and I wondered if these biases would lead to a certain ‘deafness’ on my part (Brouard, 2015, p.46) if I heard criticism of the TSP. I planned to stay open minded throughout the interviews. I hoped that this would mitigate any concerns or criticisms that participants might have needed to articulate about the TSP, or its spiritual emphasis.

In an informal pre-interview conversation, I explained the ethical dimensions of this situation. Informed consent was key and meant that ‘the participants are fully informed about the research procedure and give their consent to participate in the research before data collection takes place’ (Willig, 2013, p.26). To meet this criterion, every participant filled out a Consent Form (Appendix 4). Each participant was given a copy of the interview questions, recruitment information, an informed consent form and debriefing information (Appendices I, II, III and IV, in Appendix 3). Participants could leave the research process at any time. I also had a short chat with the participants and reassured them that all identifying details would be changed in the transcription – so

doing my best to ensure anonymity. I asked the clients if this was satisfactory and if they wanted to know any of these changes – they said they did not. I chose names and ages that were removed from any potentially revealing details, so doing my best to safeguard confidentiality. After the interview, there was time for de-briefing, and if requested I would spend one hour with the individual up to one month after the interview.

Each participant was also provided with a Participant Information Sheet (Appendix 5) which provided a summary of the research, and my supervisors' details should the participants need to discuss any concerns. The participants knew that they 'were free to withdraw from participation in the study without fear of being penalised' (Willig, 2013, p.26), as explained in Appendix 5. Debriefing was also addressed; I ensured that after data collection, participants were informed about the full aims of the research and had access to the publications arising from my study (Willig, 2013). Details are provided in Appendices 4 and 5. I maintained complete confidentiality regarding information acquired during the research process (Willig, 2013, p.26), (Appendix 5). Additionally, I was satisfied that each counsellor exhibited the competence to 'make an informed and rational decision' to take part and complete Appendices 4 and 5 (John McLeod, 1994, p.169). Finally, although all volunteers were from the same facility, not everyone was taking part, which I hoped dispelled any pressure for participants to conform (McLeod, 1994).

4.6 Data Analysis – transcription and reading

'The assumption in IPA is that the analyst is interested in learning something about the respondent's psychological world...meaning is central, and the aim is to try to understand the content and complexity of those meanings rather than measure their frequency.' (Smith, and Osborn, 2007, p.66)

IPA advises recording and then transcribing each interview. This meant that I was not worried about taking notes in the interview which could have interfered in establishing a good relationship with the participants (Smith and Osborn, 2007, p.65). Each interview was recorded and then transcribed by a medical secretary I have known for five years. I trusted her discernment, and her job as a medical secretary means she knew the particular nature of client confidentiality. I chose a simple transcription style; material was transcribed verbatim. Not transcribing the text meant I was not familiar with it;

therefore, I knew I needed to undergo Moustakas' (1990, 1994) immersion process to make sure I developed a good relationship with the data. Immersion starts by reading and re-reading (Moustakas, 1990, 1994) each interview before the next stage of analysis.

4.6.1 Exploratory comments

Smith, Flowers and Larkin (2009, p.83) warned that the step after data collection would be 'the most detailed and time consuming' part. Exploratory comments were a kind of 'initial noting' (Smith, Flowers and Larkin, 2009, p.83), and involved exploring the language and content of the transcriptions. To do this well they advised reading the transcription while also listening to the recording multiple times, jotting down preliminary thoughts in designated margins next to the transcriptions (Smith and Osborn, 2007, p.65). This process created a 'comprehensive and detailed set of notes on the data' (Smith, Flowers and Larkin, 2009, p.83).

4.6.2 Developing emergent themes

Shinebourne (2011, p.56) surmised that the processes of reading and exploratory comments familiarises the researcher with the data, and enables s/he to start thinking about the 'content, use of language, context and interpretative comments' which arise from 'this engagement with the material'. This process leads the researcher to discern what IPA describes as 'emergent themes' (Shinebourne, 2011), which are noted in the designated column. The emergent themes are those that characterise each 'section of the text...they should capture the essential quality of what is represented by the text' (Willig, 2013, p.88). However, Shinebourne (2011) argued that in keeping with IPA's idiographic focus, new themes must continue to be allowed to emerge from each case 'to do justice to its own individuality' (Smith, Flowers and Larkin, 2009, p.100).

Smith, Flowers and Larkin (2009, p.92) warned this part of the analysis may take me further away from the participants' words and would be 'closely involved with the lived experience of the participants,' and as a result, analysis would be a collaborative effort. Indeed, this process would 'include more' of me (Smith, Flowers and Larkin, 2009, p.91-92). I considered this, and I turned again to Etherington (2004, p.19) who warned that as researchers we need to 'be aware of the personal, social and cultural contexts in which we live and work and to understand how these impact on the ways we interpret

our world'. As discussed, my interpretations would be impacted by my own inner world (Etherington, 2004) and my wish to make sense of it for my professional practice, which I discuss further in Chapter 7.

4.6.3 Looking for connections across emergent themes

Smith, Larkin, and Flowers (2009) explained that once I had established the themes within the transcript they needed to be ordered chronologically. Following that, I needed to draw together the emergent themes to form a structure, which would reveal the most interesting and important elements of the participants' narratives. They suggested returning to the list of emergent themes in every interview and typing out each one in every interview. Smith, Larkin and Flowers (2009, p.96) advised that the researcher 'eyeball the list and move themes around to form clusters of related themes'. I turn to explain this in more detail.

4.6.4 The master table

The next stage involved 'looking for patterns across cases. This usually means laying each table or figure out on a large surface and looking across them' (Smith, Flowers and Larkin, 2009, p.101). In this way, the researcher can consider what connections there are across cases and how one theme can help illuminate another from a different case, and which themes are the most salient and/or common across the cases (Smith, Flowers and Larkin, 2009). This process of looking for connections across cases allows the researcher to develop a 'master list' or table of themes (Biggerstaff and Thompson, 2008, p.11). IPA calls these themes Superordinate themes, and they are sometimes supported by Sub-themes described as Subordinate themes (Smith, 2009). The 'final table of themes is constructed for study and provides the basis for writing up a narrative account of the project' (Shinebourne, 2011, p.63). The participants' narratives were the basis for the 'creative synthesis' (Moustakas, 1990, p.31) that explicated the meaning and details of the whole experience (Moustakas, 1990). Unlike Moustakas' work, IPA includes the researcher's interpretation, and therefore this narrative is considerably thickened by the theological interpretation, which I explain in Chapter 7.

4.7 Conclusion

This chapter focused on how IPA is indeed a methodology suited to studying Twelve Step spiritual experiences. I believed it would help create data rich with spiritual

experience, which would lend itself to theological exploration. The data was created by the participants who were in some senses 'living human documents' from whom real learning could be made. I was immeasurably heartened by the idiographic focus because a practical aim of my research was to comprehend what Twelve Step spirituality was like from the participant's stance. This process was crucial in honing my understanding of how recovering persons understand and experience spirituality – which is vital to my professional practice. IPA was also suitable in this study because the privileging of experience lends itself to phenomenological analysis, and the interpretative activity was highly appropriate for my aim of interpreting what was said with theological resources. Finally, and significantly, practical theology and IPA are both open to the insight and experiences of others, which augmented the suitability of IPA for my enquiry. I now turn to explain how I carried out the research.

Chapter 5:

Interpretative Phenomenological Analysis in Process

5.1 Introduction

In this chapter I discuss my research process using IPA and my role as researcher. There was some mutuality between myself and the participants. We were all addiction counsellors who worked with the Minnesota Model, although crucially I had an additional role as a responsible researcher, which I discuss. I knew that I needed to engage intensively with the data, and I explain how I did that using IPA. The thrust here is not about finding a truth or confirming a pre-existing suspicion, but rather attempting to grasp the participants' spiritual experiences. Interview questions focused on the participants' practice, which encouraged an exploration of what they did rather than just ideas.

5.2 Reflexivity in my role as researcher

Swinton and Mowat (2006, pp.58-59) explained how many practical theologians who undertake qualitative research acknowledge that 'reflexivity is perhaps *the* [original emphasis] most critical dimension of the qualitative research process' and therefore 'the primary tool of the qualitative researcher is herself'. As discussed in Chapter 4, I was pre-interview aware of my bias towards the TSP, which could impact my interpretation of the data, which IPA warned against and I discuss further in 5.4.1. I was mindful of this and also the possibility that I might have experiences in common with the participants. This would provide the opportunity for empathy, but at the same time I knew that I needed to be careful never to presume that the experience was the same for us both. I would keep the focus on the experiences of the participants.

Pre-interview, I was aware of the differences between the interviews planned and counselling sessions. A counsellor has responsibility for helping the client work on their issues and perhaps find understanding, new meaning and even resolution/change. I encourage clients to lead the session, my role in the interviews was different. My role as researcher was to gather information safely but also to observe if the participants were in any way distressed or upset. Should this have happened I would have called upon assistance from a colleague, rather than provide the help myself. The emphasis was

therefore on safety for the participants rather than the ‘empowerment’ a client might need (McLeod, 1994). McLeod (1994, p.175) summed up a critical difference between the counsellor/researcher roles when he explained that the researcher’s ‘primary responsibility to research participants is to prevent harm to them (nonmaleficence) rather than necessarily enhancing their wellbeing’. I was aware before I started of ‘the challenge to the researcher to keep the interview centred on the research task, and to obtain meaningful material from the informant without the interview turning into a counselling session’ (McLeod, 1994, p.82). The fact that my aims guided each interview, (Willig, 2013) ensured this was indeed the case, which I discuss later (5.6).

As I started the interviews, I also considered my relationships with the participants. We were all counsellors and therefore part of the same group professionally, so I was aware that I was part of the group to whom the research question was meaningful. Medina (2013, p.49) argued that the sharing of one’s experiences with another Twelve Step fellowship member ‘is in fact regarded as one of the central means of transformation in the programme’. Therefore, I was aware throughout the interviews that there was a parallel process at play; that is, one member sharing openly and honestly their story with me – a member of Al-Anon. I did not discuss my Al-Anon support with the participants, but I would have volunteered the information if anyone had asked.

However, I remembered throughout, that the interview was not in any way about my being a member of Al-Anon, but rather about conducting an ethically sound interview in order to gather important data. This involved the way I listened in the moment in each interview, with the focus upon the research and what the overarching questions/aims were. I followed the ethical protocol described in Chapter 4, and I sought to be attentive to the boundary between the process of therapy and the process of a qualitative semi-structured interview process. Therefore, I remained keenly aware throughout that I needed to stay focused on my role as researcher, which meant that I concentrated on listening to what the participants told me and my role in keeping them safe from any potential harm.

5.3 Creating the data – the interviews

‘At the heart of the research questions guiding this [IPA] project lies the goal of better understanding the subjective experience of recovery from addiction as

interpreted by those who experience it, particularly the spiritual and religious characteristics of such experiences.’ (Givens Kime, 2017, p.54)

Chaplain John Caperon experienced interviews as ‘concentrated human encounters’ (2012, p.86, citing Swinton and Mowat, 2006, pp.63-64), which produced ‘personal information’ (2012, p.86). Caperon (2012, p.87) described how interviewing allowed opportunities ‘to speak openly and trustingly, in some instances with a considerable degree of personal feeling, and to make comments in the confidential context which they would not have done in a more open forum’. Caperon described exactly the process that I required my interviews to facilitate. The interviews were conducted over a five-month period. I sent each participant the questions a month before the interview so they could think about them. I always suggested that the interview be held in a place of their choosing so that they were ‘comfortable’ (Smith and Osborn, 2007, p.61). One interview was done at my office, six at their offices and two were completed in the homes of the participants. I confirmed each interview 48 hours beforehand and offered to bring refreshments. The refreshments provided at my office were taken, and only one participant accepted my offer of coffee bought from the local café near his office. My motive was, as IPA advises, a ‘rapport building exercise’ (Pietkiewicz and Smith, 2014, p.10). The interviews were about an hour’s duration although I always left a good hour and a half in case we needed longer.

To facilitate the research task, I had an area that I was focused on and I created questions to help with this ahead of time. The interviews as Willig (2013, p.29) explained required ‘careful preparation and planning’ in order for them ‘to provide an opportunity for the researcher [me] to hear the participant talk about a particular aspect of their life or experience’ (Willig, 2013, p.29). I was keenly aware of my role as researcher and the need for ‘prompts’ if for any reason the participant found the questions too ‘abstract’ (Pietkiewicz and Smith 2014, p.10). So, if the participant did not understand my questions, I repeated back what I had just heard him/her say. This action provided a prompt and/or led into the next topic, as well as demonstrating that I had paid careful attention to what was said. Smith and Osborn (2007, p.61) argued that good questions enabled interviewers ‘to get as close as possible to what your respondent thinks about the topic’. Three to four questions in each of the main four sections offered a most useful guide and allowed each participant to be ‘the experiential expert on the

subject... [with] maximum opportunity to tell their own story' (Pietkiewicz and Smith 2007, p.59).

The participants' rich responses suggest to me that this is what happened and that I avoided any of the verbal dogmatism or rigidity which IPA warned against (Willig, 2013). My handling of this issue and ethical concerns meant that the interviews were a 'rigorous, affective exercise... [with] considerable emotional reserves and critical awareness' (Estelle King, 1996, p.188). Therefore 'it would be disingenuous to deny that the researcher is...in a powerful position' (Etherington, 2004, p.110), which I discuss further in 5.6. I was sensitive to this fact and was careful not to coerce any participants into answering questions they could not, and always allowed plenty of time for pauses for their thoughts and reflections, rather than filling the silences with my own. The verbal fluency of the participants and the satisfactory completion of each interview suggests I completed this aspect of the task successfully.

I reflected on how else I could ensure that the participants were safe, and so spoke openly and fluently. I turned to the work of Cook, Powell and Sims (2016) who discussed the value of the client's story. Theologian Gordon Lynch and chaplain David Willows suggested that stories are signposts guiding us to a sense of identity through our responses to their descriptions of events and people (Lynch and Willows, 1998, p.181). Cook (2016, p.8) pushed the argument, espousing the value of stories in explicating all human experience, 'but perhaps especially spiritual and religious experience', which may often have 'a narrative quality'. I selected a group of participants who sit and listen to the stories of others all day. The interview provided an opportunity for them to narrate some of their own stories, and together we might uncover what this narrative told us about their respective spiritual experiences.

'Narratives, at least initially, are the prerogative of the narrator. Through narrative, the past, present and future are fashioned into a coherent whole, one in which the past story undergoes selective revision, the present story is chosen and shaped, and the future story is planned. Consequently, the client as narrator is very much the author of his or her own story.' (Cook, 2016, p.175)

The voice of the narrator, in this case the participant, was crucial because as Medina (2013, p.63) argued the narrator was indeed the 'expert' in telling their own story. Cook, Powell and Sims (2016) were fully cognisant of the importance of the narrator in

the storytelling process. Additionally, they drew on the matter of hermeneutics, which is significant because interpretation is a key part of IPA:

‘How the narrative has been heard is certain to influence subsequent recollection. Consequently, the professional – be it psychiatrist, chaplain or other health professional – is required to be an attentive listener. This is an art, and essential if the narrator is to tell their story well and to be clearly heard.’
(Cook, Powell and Sims, 2016, p.174)

I considered their argument and applied it to the participants. I thought about myself conducting the interviews, and how imperative it was that I listened well. Pietkiewicz and Smith (2014, p.10) advised comfort with the silences that did occasionally occur, which gave me and the participants time ‘to reflect on the issues being discussed’. I was also keen on a slower pace because it gave me time to recognise if the interview was in any way distressing for the participant. Should this have occurred, I would have terminated the interview immediately, had a discussion with the participant and offered immediate assistance from a counselling colleague. I always made sure that at least one colleague was available at the time of each interview. I never had more than one interview in a fortnight, and this gave me time to reflect on what was discussed. I interviewed the eight participants once only. I verbally checked how each participant was feeling on completion of each interview. Participants described the experience as a positive one that gave them opportunities to ‘reflect’, to talk ‘about me – for a change’ and have ‘a good chance to review spiritual progress’. I emailed each participant a week after the interview to ensure that they were still emotionally comfortable post interview, which they all were.

Furthermore, I realised that as researcher there were new dimensions in my listening to stories because ‘with regards to story, it occurs within a social context [interview] and we hear and read the story from within another social context and in a particular research relationship’ (Mauthner and Doucet, 1998, p.139). The interpersonal nature of the relationship between participants and myself ceased as soon as the interview was over (although ethical responsibilities remained). I listened to the stories again, not with the participants in my role as interviewer but alone at my home in my role as researcher. Indeed, ‘we coax stories and listen with an open mind...to this person and his/her story, both of which are ever changing’ (Mauthner and Doucet, 1998, p.139). By the time I listened back to the interviews, the context was a different one, and by this point I had a heightened awareness of my aims, which were to investigate:

- How spirituality was defined/understood by those in a Twelve Step programme.
- How spirituality was experienced, and how it operated/was operant in recovery.
- How theological resources help me understand these spiritual experiences more fully.
- How I can utilise my findings to assist clients' engagement in recovery programmes.

It was likely that I would hear new nuances within the story when I listened to it again, which meant that the story was indeed one that was 'ever changing' (Mauthner and Doucet, 1998, p.139). Furthermore, I needed to remember that the data I heard was not a constant truth but reflected the participant's story at the time of telling, in addition to the interpretive biases described in Chapter 4.

5.4 Data Analysis

'The goal of the phenomenologically-orientated method of this research project is to discover and understand the lived experiences of the participants.' (Givens Kime, 2017, p.67)

IPA was a cyclical process (Givens Kime, 2017), and I now explain how I passed through four different stages. One – encounter and immersion with the interview text – facilitated by reading and occasional informal note-taking. Second was creating interview manuscripts with three columns, the first column was for identifying emergent themes, the next for the data (middle column) and the third and final column was for the initial notes (Appendix 6). Next, I listed main themes and clusters of themes found within each interview (Appendix 7). Thirdly, I created a summary table which listed the main themes I had found in each interview (Appendix 8). Fourthly, I typed a list of all the themes from every summary table, which I was able to order into five themes at the end of analysis (Appendix 9). To make sure nothing was missed, I looked back at Appendix 9 and provided some participant quotes that encapsulated each major theme (Appendix 10). From this, I constructed the final table of themes; this gave me the basis from which to write up a narrative account of the study (Shinebourne, 2011) (Appendix 11). Throughout these stages I would frequently refer back to past stages to enrich the analytical process. I now explain these steps below in Figure 2.

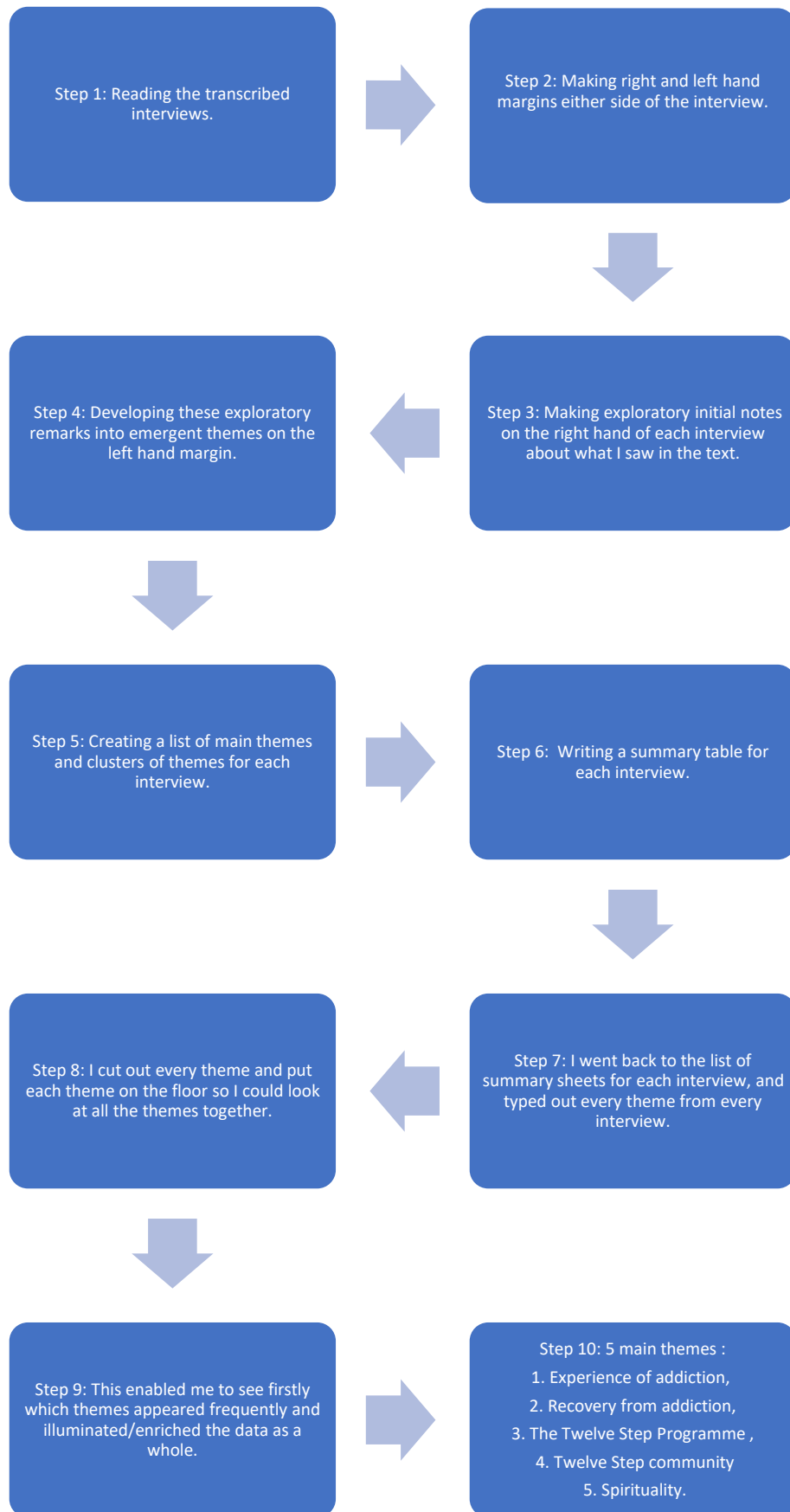


Figure 2: Stages of data analysis

5.4.1 Immersion

I now turn to explain these steps of analysis in more detail. I printed out all the interviews and began to read them, occasionally making informal notes as advocated by Smith, Flowers and Larkin (2009). The comments I wrote were attempts to understand the experiences being described. I tried to simply record what I perceived as the content. I left aside some time every evening to keep up with the necessary reading as social scientist Pat Bazeley (2013, p.101) advised: 'Read through a *whole* [original emphasis] transcript...to remind yourself of the depth and breadth of its content'. I found this to be true; each transcript was a story that had a beginning, middle and an end. To capture the essence of what was being said in each interview I had to ensure I did not pause for too long between reading each one. I took up to two evenings to read one transcript, so I could involve myself in the rhythm and style of each interview. I was aware that I was beginning what was described as 'the process of bringing order, structure and meaning to the complicated mass of qualitative data that the researcher generates during the research process' (Swinton and Mowat, 2006, pp.57) and that I needed to be familiar with and immerse myself in the data (Swinton and Mowat, 2006). I reflected on Moustakas' concept of immersion (1990), which Smith and Osborn (2007, p.53) argued supplies another layer of meaning. I read each interview carefully and took significant time to think about the contents therein. This thickened the process of immersion, and I turned to re-read the transcripts a second time.

Biggerstaff and Thompson (2008, p.9) helped define my role as researcher, and explained that 'while reading the text, the researcher attempts to suspend presuppositions and judgements to focus on what is actually presented in the transcript data'. I concur with Givens Kime (2017, p.82) who explained that 'my desire was to refrain from any preconceived ideas or expectations, allowing the data' the vital role IPA advocated. Therefore, I concentrated on reading the transcripts not as a counsellor, but rather as a researcher. Biggerstaff and Thompson explained that this role also involved bracketing (Husserl, 1999, pp.63-65, cited by Biggerstaff and Thompson, 2008, p.9). This process involved the suspension of my judgement and a refusal to engage with my own assumptions about what was being said. I tried to understand the world described from the participant's stance and not my own; however, I was aware that the biases discussed in Chapter 4 were present and would impact what I read.

Nonetheless, I attempted to remain as vigilant as I could, understanding the assumption in IPA ‘that the analyst is interested in learning something about the respondent’s psychological world’ (Smith, and Osborn, 2007, p.66). I respected this, and although I tried hard to put my bias to the side, some interpretation was potentially already in motion as I homed in on the familiar Twelve Step language used by the participants, including HP, the Steps, groups, meetings, fellowship, spiritual bankruptcy and community.

5.4.2 Initial exploratory notes

For the second stage of data analysis, I followed Willig’s guidelines (2013), and I created a manuscript which was a copy of each interview with three columns: on the left was space for emergent themes, the interview was in the middle, and exploratory comments were on the far right (Appendix 6). I practised the freedom advised by Smith, Flowers and Larkin (2009, p.83) in writing my exploratory comments, which they described ‘as being close to a free textual analysis’. This process did indeed create ‘wide ranging and unfocused notes that reflect the initial thought(s) and observations’ (Willig, 2013, p.87). Included here were the original jottings on some of the original interview transcripts. For this particular stage of data analysis, I read a few lines of data and wrote down what I heard said, taking care not to offer a more deliberate interpretation at this stage. As I wrote, I remained aware of what Willig (2013) described as descriptive comments that aimed to capture the participant’s ‘subjective experience’, ‘linguistic comments’ and ‘conceptual comments’ (Willig, 2013, p.87). This process explained Willig (2013, p.87), helped focus on the ‘context of the participants’ experiences’, which were so key to my enquiry. This process of reading and initial noting enabled me to start discussing the ‘content, use of language, context and interpretative comments’ which arose from ‘this engagement with the material’ (Shinebourne 2011, p.56).

My exploratory/initial notes were representative of what Willig described as ‘a way of documenting the ideas that come up for the researcher upon his/her initial encounter with the text’ (Willig, 2013, p.88). My main objective at this point was to understand as best I could what the participants told me. This reading and initial noting facilitated what Smith, Flowers and Larkin (2009, p.82) described as ‘active engagement with the data’, which led to a satisfying relationship with it. On average, it took me about two

weeks to complete the notes for one interview. The consequence was that I became thoroughly familiar with all the narratives in the interviews. This enabled me to develop confidence in my relationship with the data. I understood what I had been told and found myself frequently reflecting on the contents of the interviews.

I was also increasingly aware of what I had observed during the immersion process (5.4.1), which was that a great deal of the data contained phrases and terminology that are commonly used within the TSP. This included a few key words which were repeated throughout all of the interviews: '*powerlessness*', '*self*' and most common of all, '*connection*' in the context of connection with self, others and HP/God. Medina (2013, p.45, citing Ricoeur, 1970) explained how Ricoeur argued that it is not possible to speak from nowhere, but nonetheless 'we must guard against our own projection onto the data collected', which I attempted to do. Although I found this a challenge when I heard Twelve Step phrases and words I was familiar with.

5.4.3 Developing emergent themes and the double hermeneutic

I started thinking about emerging themes in the interviews while simultaneously turning back to my exploratory notes. This process was the start of what IPA describes as the double hermeneutic; that is, the researcher 'trying to make sense of the participants attempting to make sense of their...world' (Medina, 2013, p.45). What this meant was that I accessed 'the participant's engagement with the phenomena' (Medina, 2013, p.44) and I went 'beyond empathic identification towards an understanding that focuses on making sense of the participant's account' (Medina, 2013, p.44). Shinebourne (2011) elaborated that at this point I needed to remain grounded in the text while simultaneously attempting a more conceptual understanding.

In order to facilitate this process best, I read each manuscript very carefully and looked to my exploratory comments on the right (Appendix 6). This process was critical, I was looking to understand what each participant meant while remaining aware of my own reflexive process, which would impact any interpretation. At this point of analysis, Medina (2013, p.45) explained that IPA offers the researcher the opportunity to go 'beyond what is said' and consider 'what is meant'. My work on reflexivity (Etherington, 2004) made me aware of other important elements at play within the research process, and the dilemma I faced as a researcher: 'How to keep the

respondents' voices and perspectives alive, while at the same time recognising the researcher's role in shaping the research process and product (Mauthner and Doucet 1998, p.119). I considered Mauthner and Doucet's (1998, p.143) argument that 'we never claim to have captured the pure, real...or authentic...experiences or voices of our respondents because of the complex set of relationships between the respondent's experiences...and the researcher's interpretation'.

Again, I considered my limitations as researcher. Mauthner and Doucet (1998, p.144) clarified that

'the private account [interview] is changed by and infused with our identity – and thereby becomes a different story to that originally told by the respondents. We cannot be sure we have faithfully reported our respondent's concerns. At the same time as academic researchers...we are required to theorise our respondents' accounts...and locate them within wider academic and theoretical debates. We have to accept the losses and gains involved in this process.'

My own interpretations are grounded in my own historical and academic reality. I knew that I had an 'inner story' that I tell myself as I 'listen to...stories' (Etherington, 2004, p.29) and that this informed my interpretative abilities. These abilities were based on my experiences as an addiction's counsellor and a member of Al-Anon – which meant (as discussed in 5.4.2) that I was vulnerable to homing in on Twelve Step language, and potentially experiences that I identified and agreed with.

However, another dimension of my inner story, was created by my role as a researcher who was mindful of the aims of this thesis. I knew that these realities meant that I would clearly hear the participants' own good experiences with the TSP, and potentially be guilty of a certain 'deafness' (Brouard, 2015), as discussed in Chapter 4, regarding more challenging experiences. I had hoped that my awareness of this issue would help me stay as objective as I was able. I realised that the 'losses and gains' Mauthner and Doucet (1998) discussed were true of my data analysis. I had gained rich data, yet my biases would impact what I heard, meaning that I inevitably lost certain elements of each participant's story.

5.4.4 Creating lists and clusters of themes

Three months after I started the analysis, I had completed a list of emergent themes for each interview. I made these lists into a table and I also added a cluster of themes

(Appendix 7). I turned to the work of therapists Petra Hervey and Helen Odell-Miller. Hervey and Odell-Miller (2013, p.215) explained that these themes ‘were not selected purely on the basis of their prevalence in the data’, but rather how the passages ‘highlighted themes and illuminated other aspects of the account’. Therefore, I wrote down the themes that reflected that particular interview as a whole. Opposite each theme I included a quotation that I felt captured that particular theme best (Appendix 7 does not reflect the account given of the exact themes that I provide in Chapter 6, but rather my attempt to understand what the participants said before the final stages of analysis).

By now, each interview had a list of themes and I added a cluster of themes to the bottom of each list (Appendix 7). ‘Clusters of themes need to be given titles that reflect their essence’ noted Willig (2013, p.88). I gave a title that I felt best described the themes of that particular cluster. (Appendix 7). As these lists were long, I decided to create a ‘summary table’ (Willig, 2013, p.91), which was a precis of themes from each interview (Appendix 8). I trimmed again with the same technique described by Hervey and Odell-Miller (2013), i.e., I chose the themes that best illuminated that particular interview as a whole. By this point, my most labour-intensive IPA process had indeed done ‘justice to its [each interview] own individuality’ (Smith, Flowers and Larkin, 2009, p.100) and gave me greater understanding of what the participants had said.

5.5 Final stage – the master table

‘Having produced summary tables for each individual participant, the researcher attempts to integrate these into an inclusive list of master themes that reflects the experiences of the group of participants as a whole.’ (Willig, 2013, p.91)

Hervey and Odell-Miller (2013, p.215) explained how a final table of themes should be of ‘greatest significance to the whole group’. I thought about this, and I put all the themes from the summary tables together (in no particular order) to create one extensive list of all the themes. I turned to Willig who augmented Hervey and Odell-Miller’s (2013, p.91). She explained, ‘integration should generate a list of master themes that capture the quality of the participants’ shared experience of the phenomena under investigation, and which, therefore, also tells us something about the *essence* [original emphasis] of the phenomena itself’. I went back to the summary sheets of main themes (Appendix 8). I thought about the new list, and occasionally I added remarks or a single

word from the clusters of themes that were important in illuminating that data as a whole (Appendix 7), and deleted words/themes that were repetitive.

By this point I had 17 pages with 1,679 words' worth of themes. I cut them all up into squares, one theme/line of a theme per square. There was still some repetition, but I wanted to ensure that attention was paid to everything that had been said. I was both excited and nervous as to whether this process would make sense, and/or be able to answer the question. I remembered what Smith, Flowers and Larkin (2009, p.110) wrote, reminding me that 'IPA is a joint product of the researcher and researched'. This reassured me; I had more faith in the participants' words than myself at that point. I put all the paper squares on the floor; Smith, Flowers and Larkin described this stage as, 'looking for patterns across cases. This usually means laying each table or figure out on a large surface and looking at them. What connections are there across cases? How does a theme in one case illuminate a different case? Which themes are the most potent?' (Smith, Flowers and Larkin, 2009, p.101). Smith, Flowers and Larkin (2009) warned how some themes would be like magnets drawing others closely in, acting as a pull for other themes. To my amazement this was what happened; I explain how.

The word 'recovery' provided an immediate starting point. I observed that many of the themes were around the experience of recovery, so I grouped all these themes together producing Sub-themes or Subordinate themes 'nestling' (Smith and Shinebourne, 2009) within the Superordinate/main theme of recovery. I looked again, and I saw that addiction and experiences round addiction was also a common theme. I realised that addiction precedes recovery; therefore, addiction came first, recovery second. Third, I observed the theme of the TSP and the Steps themselves. The TSP had many Sub-themes to support it and these Sub-themes provided the 'essence' (Willig, 2013) of what the participants told me about the TSP. Finally, the participants had all, in many diverse ways, discussed the experience of spirituality. The experience of spirituality, which was experienced by the participants through working the Twelve Steps and being part of the Twelve Step fellowship, was my final theme. This theme had the most information attached, and nine Sub-themes/Subordinate themes. I wondered if I should split it into two sections but decided not to because the word spirituality encompassed all the information here.

I observed while reflecting on these four Superordinate themes – addiction, recovery, TSP and spirituality – that the word connection was used about each. I thought about making it a separate theme. Yet, I reflected that ‘connection’ was being used to describe the main themes and was therefore an important element to each, so I ‘nestled’ it with the themes it was enriching. I left the squares of paper on the floor for a week to give me enough time to reflect on what I saw, and make sure nothing significant was missed. By the close of that week, I was satisfied that the master table captured the most significant points of the interviews. I looked through my list of Superordinate/main themes and the Sub-themes (Subordinate) supporting them. I noted that some of the information was repetitive, and some of the categories felt squashed and heavy with too much information ‘forced in’.

This observation created some anxiety that I had not heard everything the participants had told me. I went back to my squares of paper. Illumination came – there was so much information from the participants on the TSP and the community created by those working the Twelve Steps, that community was in fact a separate theme. There was a great deal of repetition for each theme, so turning back to Hervey and Odell-Miller (2013) I chose the themes that most fully encapsulated the rest, although sometimes the words used were exactly the same. I then had five themes on the floor with all the relevant experience of the participants grouped under each (Appendix 9). To make sure I had missed nothing, I went back to the manuscripts and found quotations directly from the participants which illuminated that particular theme best (Appendix 10). I then felt able to create a master table of themes (Appendix 11) that reflected the participants’ experiences as a whole.

The participants’ narratives were thus the springboard from which I constructed the ‘constructive synthesis’ (Moustakas, 1990, p.31), which was reflective of my interpretation of the experience in its entirety. I had created five Superordinate themes: addiction, recovery, TSP, Twelve Step community and spirituality. Each main theme was supported by Subordinate themes, which illuminated and explained these main themes. This master table (Appendix 11) reflected all the information I had gathered and my attempts to make sense ‘of the others personal world through a process of interpretative activity’ (Medina, 2013, p.45). This ‘interpretative’ activity was my interpretations of what I had been told in the interviews.

Therefore, the final themes were created by the language used by the participants, which I did my best to hear as a neutral researcher. However, we were all part of the ‘homogeneous’ group (Smith, Flowers and Larkin, 2009) to whom the research question was potentially meaningful. What I mean by this is that we were all Twelve Step counsellors who attended Twelve Step meetings and worked with the Minnesota Model. As Willig (2013, p.94) observed, ‘language constructs, rather than describes reality...the words we choose to describe a particular experience always construct a particular version of that experience’. The language chosen by the participants was reflective of their Twelve Step participation, and so ‘constructed’ a version of addiction and recovery shaped by the TSP, which I understood and adhered to as a fellow Twelve Step member. Therefore, the language of the themes was based on my and the participants’ language, which was shaped by the wider context provided by the Twelve Step meetings and literature.

The analytical processes suggested by Smith, Flowers and Larkin (2009, p.80) encouraged ‘a reflective engagement with the participant account’. My use of theological reflection was a constant through analysis and provided a bridge to the theological discussion in Chapter 7. I turned to Cook who explained, ‘Theological reflection relies quite significantly on narrative, since it is an engagement both with the narratives of lived experience and the spiritual/religious narratives of tradition’ (Cook, 2016, p.8). I noted that throughout the later stages of the data analysis process I was reflecting on the narrative supplied by each participant, and the relationship of this narrative with the more traditional Christian theological traditions found within the TSP that I discussed in Chapter 2. The emphasis within the data on relationship reminded me most forcibly of the relational disconnection that, as Mercadante (1996), noted was so critical within the Christian concept of sin. I was also influenced by the work of theologians Elaine Graham, Heather Walton and Francis Ward (2005). Graham, Walton and Ward (2005, p.5-6) described theological reflection as

‘An activity that enables people of faith to give an account of the values and traditions that underpin their choices and convictions and deepens their understanding. Theological reflection enables the connections between human dilemmas and divine horizons to be explored, drawing on a wide range of academic disciplines including social sciences, psychotherapeutic and medical disciplines.’

This was in keeping with my goal to shape my professional practice and my aim to enable clients to engage well with treatment considering their human dilemmas and issues. My theological reflection on the interviews was critical in ‘relating the resources of faith to the issues of life’ (Graham, Walton and Ward, 2005, p.6).

5.6 Further reflections on my role as researcher

I was guided by Willig in my role as researcher who explained that by ‘allowing the interviewee the space to redefine the topic under investigation...a carefully constructed interview agenda can go some way towards ensuring that the interviewer does not lose sight of the original interview question’ (Willig, 2013, p.29). This strategy was of enormous help in keeping the interview on track. However, reflecting on my role as researcher I knew that I needed to find the ‘right balance between maintaining control of the interview and where it is going, and allowing the interviewee the space to redefine the topic under investigation and thus to generate novel insights for the researcher’ (Willig, 2013, p.29). Crucially Willig (2013, p.87) explained that ‘it [IPA] aims to explore the research participant’s experience from his or her perspective’ which, she continued, ‘must necessarily implicate...the nature of the interaction between researcher and participant’.

The nature of this interaction was important, and I knew that I had a position of authority as researcher, enhanced by the fact ‘that it is the researcher whose *research question* [original emphasis] drives the interview’ (Willig, 2013, p.29). My role of researcher was thus central in the interviews and throughout the entire research process. What I mean by this is that during the interviews I was actively listening to the participants ‘asking questions and leading respondents down certain paths and not others, making decisions about which issues to follow up, and which to ignore’ (Mauthner and Doucet, 1998, p.125). Therefore, my role as researcher was very different to the more egalitarian Rogerian counselling stance described in Chapter 3. Indeed, Mauthner and Doucet (1998, p.24) explained, ‘Acknowledging the central role of the researcher in shaping the research process...means recognising the power relations between researcher and researched’. I knew that I had a responsibility and power as a researcher which could potentially create some feelings of inequality for the participants. I stayed ever mindful of this and was careful to adhere to all ethical

procedures described in the last chapter to ensure the wellbeing and emotional stability of each participants.

In addition, I considered my Rogerian training, and McLeod suggested that,

‘The principles of person-centred counselling can offer an effective basis for qualitative data gathering. If the interviewer can establish a relationship with the interviewee characterised by high levels of respect, empathy, congruence and acceptance...then the informant will be more likely to engage with the research in an authentic and constructive manner.’ (McLeod, 1994, p.82)

To facilitate this, I noted my feelings of respect for the participants’ recovery process, which informed my unconditional positive regard. I hoped this process would make the power dynamic, weighted in my favour, easier for the participants. Additionally, I focused on providing the empathy discussed by McLeod (1994). I hoped that provision of empathy would mitigate any potential consequences of the real power imbalance described; the smooth running of the interviews suggested that this was the case.

The participants talking about their spiritual experience were making sense of their world. In my role as IPA researcher, I was interpreting those interpretations with my own positive experiences of the TSP, and therefore the reflexivity I discussed earlier was inevitable. On one hand it was advantageous in that I understood the TSP and was familiar with the professional world of the participants I interviewed. On the other hand, I was concerned that these facts did not overshadow the importance of my efficacy as researcher. I attempted throughout to make a fair interpretation of what was said while remaining knowledgeable of the fact that my own interpretations were grounded in my described historical reality. I turned again to Brouard who explained, ‘It is made explicit in the research process that the researcher is not objective or neutral, so the reader is aware from the outset that any observations “are by their very nature, selective” and “any interpretations of results are partial” (Brouard, 2015, p. 57, citing Gray, 2014, p.606).

5.7 Conclusion

The process of data analysis involved writing and thinking at length about what the participants had said. As I started analysis, the process of creating initial notes and eventual emergent themes enriched my reflection on the interviews and the participants’ answers to the questions asked. The data was rich and copious, and the first steps of

analysis were time consuming. The themes generated were drawn from a close reading of what the participants had told me. The language of these themes was based on what the participants said, although this language was influenced by my own biases as described. My familiarity with the Twelve Steps in addition to the fact that the participants were all active members of the fellowship, meant that the language within the themes was strongly impacted by the language used within the TSP. Throughout the data analysis I was also ever aware of my responsibility as researcher, and how this shaped the research process with the attendant losses and gains that Mauthner and Doucet (1998) described.

Chapter 6:

My Findings

6.1 Introduction

As is usual with IPA studies, the account of my findings was provided by a very close reading of what the participants told me, and that process was discussed in Chapter 5. The account offered in this chapter is based upon the participants' words, which are cited directly throughout. Givens Kime (2017, p.60) explained that in IPA it is critical to stay as true as is possible to the participants: 'I understood it to be my responsibility to record the context and content of the interpreted lived-experiences of the participants in this study'. At the same time, the material is organised by my interpretative assessment of my five Superordinate themes:

- Addiction
- Recovery
- Twelve Step programme
- Twelve Step community
- The experience of spirituality.

These Superordinate themes were supported by Sub-themes (Subordinate themes) as revealed in Figure 3 below. I was aware that there was sometimes an overlap between the Superordinate themes. When this was particularly discernible, I noted the overlap by citing the theme number in brackets. I chose quotations from the data that best illustrate the themes being discussed.

Superordinate Theme 1 The Experience of Addiction	Superordinate Theme 2 Recovery from addiction	Superordinate Theme 3 Twelve Step programme	Superordinate Theme 4 Twelve Step community	Superordinate Theme 5 Experience of spirituality
1.1 Isolation	2.1 Definition of recovery	3.1 Working the steps	4.1 Stories of others	5.1 Definitions of spirituality
1.2 Self-will	2.2 Freedom from self-will	3.2 Support provided	4.2 Restoration of self	5.2 Prayer and meditation
1.3 Loss of self	2.3 Process of recovery			5.3 Spirituality and recovery
1.4 Powerlessness				5.4 Religion vs spirituality
1.5 Addiction as absence of spirituality				5.5 God concept
				Spirituality is connection
				5.6 Connection with others
				5.7 Consequences of those connections
				5.8 Connection with self

Figure 3: Table of 5 Superordinate themes, and the subordinate themes that belong to each

6.2 Superordinate theme 1: The experience of addiction

This Superordinate theme referred to the participants' experience of being in addiction. The experiences described communicated the lonely desperation of addiction. The Subordinate themes that made up this category were:

- 1.1 Powerlessness over addiction
- 1.2 The isolation of addiction
- 1.3 Self-will and addiction
- 1.4 The loss of self in addiction
- 1.5 Addiction as lack of spirituality.

Subordinate theme 1.1: Powerlessness over addiction

Step 1 explains, 'We admitted that we were powerless over alcohol, and that our lives had become unmanageable' (Alcoholics Anonymous, 2001, p.59). Repeated use of drink and drugs made life unbearable and revealed the participants' powerlessness over their addiction. Ted admitted: *'I used to hate myself in the things I did, I was just powerless to stop myself'*. In active addiction, Ted came to understand that he was an *'addict completely controlled by an illness'*. Colin and Ted both realised their addiction was more powerful than they were. Colin's repeated relapses taught him that the problem was not going to be solved *'by me alone'*. This was because addiction is *'a spiritual malaise... we tried fixing it through ...chemicals... but really it's all about a spiritual solution'*. Markus admitted he too was despairing, indeed, *'Everything in my life was going wrong...Lying on this bed with carnage around me and that was the very best I could manage'*. By the end of his drug use he was *'really, really broken'* and *'there is nothing in the tank'*. This led him to realise that addiction made his life completely unmanageable: *'talk about an unmanageable life'*.

The participants spoke about the chaos created in their lives by active addiction and they all specified how this led to misery. The experience of powerlessness over their addiction led all the participants to conclude that another way must be sought. Markus observed how at the end of his addiction *'I don't have anywhere else to turn'*. His addiction and increasingly unsuccessful attempts to manage it led him to conclude he *'can't sidestep, can't dodge it [TSP]. [There is] Nothing left'*. Markus knew that Twelve Step recovery might work: *'I think I knew it [recovery] was coming. I knew that I was an addict for a long time'*. Colin's relapses taught him that he could not manage

his addiction unaided. So, he looked to the Twelve Step spiritual emphasis and he surmised addiction was really *'all about a spiritual malaise, a spiritual illness... we tried fixing it [addiction] through medicines and chemicals...but really it's all about a spiritual solution'*.

Subordinate theme 1.2: The isolation of addiction

'I really like that term that is used in recovery, that addicts have a hole in the soul, and they filled it with drugs...that worked for a while and then that stopped working so you fill it with other things.' (Joss)

The participants explained how they felt alone pre-addiction, during addiction and therefore experienced a sense of being dislocated. Ted explained, *'there was the whole universe and the world, and I did not fit in anywhere'*. Indeed, he spent his entire life feeling *'profoundly alienated'*. Addiction does not fill the 'hole' but rather made it worse, and Markus felt *'abandoned'* by the final stages of his drug use: *'I think I felt abandoned by everybody and everything'*. Thus, there was a compelling argument that *'addiction is all about trying to fill a void, for me I could feel it in my chest. I wanted to pour enough Stella Artois into that for it to go away or fill up or something to get it to fuck off really, but it never did obviously.'* (Colin)

The loneliness for the participants was exacerbated by pushing people away. Colin explained *'loved ones become prison guards and warders, and just things to be evaded'*. He also admitted that addiction made life difficult for others. Indeed, *'they [those suffering with addiction] all seem to end in enormous isolation...who can live with an addict?'* Flora stated how shut down she was in addiction, which led to loneliness: *'I wasn't open, nothing was getting in... nothing could touch this agonising ache of loneliness. It's like a... it's the... spiritual bankruptcy'*. The process of active addiction left the participants full of *'hate'* towards themselves (Ted). The only relationship left was with their drug of choice, and they all described this as a lonely place to be. When Joss comes into recovery he realises *'how alone I had been'*.

Subordinate theme 1.3: Self-will and addiction

The process of addiction was a cyclical one. As the participants became increasingly lonely in addiction, self-will became increasingly relied upon, which became a destructive process. Colin had no compunction about admitting the selfish nature of his

addicted self. He explained, *'it [addiction] was all about me and serving my needs and my addiction'*. The person suffering from addiction and their addiction were at the centre of their respective universe. This argument is pushed by Markus who admitted that his addiction was about *'going into this vortex of self-obsession'*.

All the participants realised through the experience of addiction that running life on self-will does not work. Flora admitted she *'was trying to evoke enough of my own will, still to be able to take control of this'*. This process was unsuccessful, and she realised she could not control her alcoholism. Markus described the moment at the end of active addiction when it felt like *'ultimate abandonment. Everything that I had turned my rule of my life over to failed me in that moment'*. He saw the futility of a life governed by the addictive self-will and realised *'you're [he is] done'* and *'nothing was working'*. The consequences of active addiction were extreme: the drug of choice dominated life completely, and willpower and loved ones were no defence against it. Indeed, as Colin described *'in active addiction... we were our own God'*.

Subordinate theme 1.4: The loss of self in addiction

Joss specified how in addiction, *'I lost the way; I lost the way with some of my values'*. Joss admitted this happened because addiction came first, and so he forsook what had previously been important. This process caused him to lose his way in life. Colin experienced the same issue: *'I think, you know in active addiction all those spiritual principles got completely abandoned and forgotten'*. Anthony explained how addiction meant *'changing what I did and what I thought was OK and you know, taking it to really dark places. Doing the sort of things that I would never have imagined myself doing'*. This process caused Anthony to lose his real self completely – a process which led to him being *'spiritually bankrupt'*. As Colin observed, earlier addiction is now God; the needs of the real self got *'severed'*, displaced by the addiction, and the consequences of this were feeling lost, alienated and lonely.

Subordinate theme 1.5: Addiction as lack of spirituality

'Active addiction is absolutely the antithesis of spirituality. There is not room for both.' (Flora)

Addiction was viewed by all participants through the lens provided by Twelve Step recovery, and it seemed that addiction was an actual absence of spirituality. Flora, Colin

and Markus suggested that spirituality is filling the vacuum that addiction had attempted to fill. Flora explained: *‘The inference was that for the alcoholic it [addiction] was a misplaced search for spirit and that recovery was based on a profoundly and significant religious experience, and outside of that it was a hopeless condition’*. Addiction was for all participants synonymous with loneliness (1.2) and in contrast, spirituality was associated with connection (also 5). Colin succinctly remarked *‘the opposite of addiction is connection’*. Those with a formal God concept, namely Markus, Chris and Flora, suggested that an absence of spirituality created a lonely alienation – the perfect breeding ground for addiction, which made relationship impossible. Markus explained, *‘I could not cope with any kind of intimate relationship [in addiction]’*. He recognised that addiction meant no God, and so *‘without [connection to God] I suppose in a way drugs were my God. They became my God...they made being me tolerable’*.

Atheist participants also spoke about the painful alienation created by addiction. Anthony, Ted and Sara specified that these *‘dark places’* (Anthony) were a motivator to accepting both their own powerlessness and the need for change. Ted admitted he started *‘this spiritual way of life in order to cope with this sense of alienation, loneliness’*. Sara explained how addiction and alienation encouraged each other: *‘If I think of spirituality as connection, I think disconnection can lock people into cycles or isolation or loneliness and kind of perpetuate the insanity really’*. Through Twelve Step fellowship, addiction was arrested, and spirituality was experienced by the participants in a variety of ways. Yet, before any sort of spirituality can be encountered, recovery must be sought and *‘I think recovery to me means a few things, I think first and foremost it involves putting one’s addiction into remission because I think unless that happens nothing else can happen’* (Colin). I now turn to discuss how the participants understood recovery.

6.3 Superordinate theme 2: Twelve Step recovery from addiction

For all participants, the pain created by the addictive process instigated a programme of Twelve Step recovery. This theme is supported by three Subordinate themes:

- 2.1 How recovery is defined
- 2.2 Freedom from self-will
- 2.3 The process of recovery.

Subordinate theme 2.1: How recovery is defined

All participants defined recovery as being free of active addiction, which meant another chance at life. As Anthony explained, *'For me recovery has to be life'*. Ted felt the same, *'I don't divorce recovery from life'*. Joss elaborated: *'Well, when you talk to me about recovery. I automatically think about um, a recovery programme from active addiction or the impact of that... I think of being in recovery as...basically following the 12-step programme'*. Markus specified that recovery is about working the Twelve Steps, which instigated a *'change in the way I live my life'*. Colin acknowledged the importance of change in the recovery process: *'they say recovery equals abstinence plus change'*. The process of recovery was described by all participants as a spiritual one (also 5). The spiritual nature of this process enabled participants to be freed from the machinations of their self-will, which I now turn to.

Subordinate theme 2.2: Freedom from self-will

Colin realised his way did not work and recovery was *'about doing things differently, you know, very much Step 2, my way ended in treatment let's try something new'*. Colin explained how he practised the *'humility of actually saying I can't do this on my own, but I know a man who can. Whether that's our, you know, our God or our group'*. Colin went one step further and argued that once he was free from the vagaries of self-will, recovery allowed him the potential to become the *'best person we could possibly be'*. Ted explicitly agreed on the dangers of self-will (also 1.3) and said: *'We must let go of the life we have planned in order to accept the one we have waiting for us'*. The process of recovery meant changing a life run on self-will to the participants looking for answers outside of themselves, whether that be God/HP or the group.

Subordinate theme 2.3: The process of recovery

Participants described a definite process to recovery. As time goes on, recovery becomes less about the addiction and more about restoration of self. Colin explained,

'Phase one of recovery...is putting down the substances...whatever it is that has been sabotaging your life. I think through that and because of that one is able to...recover..., you know, a kind of sense of self and of possibilities which we always had but got lost along the way.'

Sara augmented Colin's position and explained how the word recovery *'has shifted considerably in the last six or seven years'*. Sara suggested (as did Joss) that *'recovery is*

just a holistic way of living, a balanced way of living, it's about being connected to oneself and connected to others and, trying to make decisions that are...appropriate for...my spiritual health'. Additionally, the Twelve Step recovery process encouraged exploration of a spiritual life. In Ted's words:

'What it [recovery] changed into was, you know what, forget about drug addiction...this is about a spiritual path, a spiritual awakening and putting that at the centre of my life and this being the most important thing. For me a power greater than myself, a conscious contact, developing that.'

Markus also emphasised the significance of an ongoing spiritual programme: *'I can't see it [addiction] happening if I keep doing what I'm doing' [working the Twelve Steps]*. The process of working the Twelve Steps and its spiritual principles was understood by the participants as critical because it offered protection against the return of active addiction and the development of a spiritual life, which became increasingly important to the participants as recovery progressed.

6.4 Superordinate theme 3: The Twelve Step programme

Each participant had experienced recovery through working the Twelve Steps – as would be expected given my recruitment plan. They all described this process as being beneficial, though the ways they had experienced this benefit were varied. This finding was supported by two Subordinate themes:

- 3.1 Working the Twelve Step programme
- 3.2 Support provided by Twelve Step meetings.

Subordinate theme 3.1: Working the Twelve Step Programme

'The crucible of that [recovery] was the 12-step meetings and the 12 steps and the fellowship and everything has come from that.' (Anthony)

The Twelve Steps were unanimously described by all the participants as being vital to the recovery process and were a crucial source of spiritual guidance. Anthony explained, *'they [Twelve Steps] are that sort of guiding principles... there is also a phenomenal amount of wisdom in them, and I think in a way they're part of a kind of universal truth'*. Colin added: *'They [Twelve Steps] are absolutely essential, you know, as spiritual principles'*. All participants described the positive impact of working the Twelve Steps. Joss explained how he thought about them daily, and *'they're a sort of*

loose garment that I wear like a guide'. Sara explained how they encouraged her to take responsibility for herself, reflect on her impact on others and they facilitated *'a way of living that feels comfortable and nurturing and loving'*.

Working a spiritual programme was critical for all eight participants and not a struggle for the atheists – Sara, Joss, Anthony, John and Ted. They argued that Twelve Step spiritual principles contained universal truths that are found in many world religions. Ted explained that the ultimate aim of working the Twelve Steps was a spiritual one. Indeed, the Twelve Steps *'are a path that people have followed through various guises over thousands of years. None of it is original to the Twelve Steps, it's just codified that way for alcoholics, but is a path people walk in order to engender a spiritual experience'*. For three participants, the Twelve Steps were aligned with a more traditional God concept. Flora explained that they were *'spiritual signposts'*; they *'were the instructions that would lead me into a secure recovery. They were all about... God'*. Working the Twelve Steps means that a relationship with God can actually be developed. Markus explained that what the steps *'bought up for me was that I could actually form a relationship with this thing [God] that I entirely trust'*. The steps presented a guide to a new and abstinent way of being that created a successful spiritual programme of recovery for all the participants.

Subordinate theme 3.2: Support provided by Twelve Step meetings

For all the participants, support provided by meetings was essential and key in *'helping me to do something that I couldn't do prior to that on my own'* (Anthony). Joss enjoyed the honesty, openness and vulnerability that he heard, and this process *'generates a real sense of connection'*. Ted elaborated: *'I heard people say things that I identified with and related to and I had never had that before'*. Fellowship with the recovering community provided an invaluable source of support. Anthony explained how the group process operated: *'I've learnt a lot from them [those more advanced in the programme] in terms of spiritual practice and how to be and how to take care of yourself and how to use a philosophy for existing in the world'*. The participants were supported by the example of others in meetings.

Attendance at meetings was ongoing for all participants, which deepened a process of communal support: *'to kind of feel that level of connection and just thinking... There are*

my friends, these are the people that I belong with' (Markus). Ted explained how when he was at meetings he sometimes felt, *'I am back with my people...I am back with my community...this is really my people, this is really where I belong. That is so powerful'.* These processes of friendship, care and intimacy were strengthened by continued identification and honesty. Joss explained *'because there is a sort of profound honesty and depth that happens on meetings...so it allows people to feel safe enough to share parts of their soul'.* This support provided by meetings was invaluable for all participants and helped them get *'through things' (Ted).* These crucial supportive and relational processes were described as spiritual.

6.5 Superordinate theme 4: The Twelve Step community

Each participant described the loneliness of addiction (1.2) whereas the Twelve Step fellowship offered a completely different experience. Joss explained how being part of this community involved going to meetings, going for breakfast and coffee afterwards, and engaging in other activities with the recovering community. This communal support had two Subordinate themes:

- 4.1 Stories in Twelve Step groups
- 4.2 How Twelve Step community facilitated restoration of self.

Subordinate theme 4.1: Stories in Twelve Step meetings

Listening to the stories of others provided actual evidence of spirituality. Anthony argued *'when I am hearing other people in the meetings, I can clearly see what they're talking about...and you can sort of see evidence of spirituality'.* Through the stories of others, participants realised recovery from addiction was possible, learned how these recovery process operated, and *'how to do it, [recovery] how not to do it' (Markus).* The Twelve Step community assured Anthony through *'other people's stories, it was the sense of possibility, it was that it [recovery] could happen in a way [and] ...I hadn't found anything else that worked in that way'.*

The process of hearing and identifying with the stories of others offered great hope. In Markus's words: *'I love hearing people... It's inspiring seeing people elevating themselves out of, you know, out of insanity'.* Markus explained that although he was not a newcomer anymore, he needed the example of others because *'it just fills me with awe that people have, that people survive so much. I am... awestruck'.* Sara also

explained how hearing the experiences of others provided real hope: *'It gave me some hope in that I thought can all of these people be wrong?'* Additionally, sharing stories helped participants feel understood and supported. Sara explained: *'It was really helpful to...share your stories and recognise that, they understood me and that I related and that it [experience] was similar'*. Stories also provided evidence that it was alright to be fallible. Joss explained how the group coming together and *'hearing people's mistakes...it allows me to sort of let my shadow side, open it up as well...it allows all of me to be opened up'*. This opening up was defined as a spiritual process by Joss and this *'opening up potential'* was essential to recovery for Markus.

Subordinate theme 4.2: How the Twelve Step community facilitated restoration of self

'You know they're [Twelve Step meetings] magical because you can sit and feel it [spiritual sense] in a different way than sitting on your own and feeling it.'
(Flora)

All participants described how the loneliness (1.2) and loss of self (1.4) that addiction created was remedied by communal support. Community provided a supportive forum where they could rediscover their real selves. Ted explained, *'I feel it's about getting back the person you would have been if you hadn't of become so messed up'*. Working the Twelve Steps restored participants to their real selves (also 1.4). Colin argued working the Steps enabled him *'to reconnect to what is important'*, (also 2.1, 2.2). There was also a keen sense in the interviews that meetings provided a caring family type network. Markus described how his peers *'kind of did my dad's job for him. You know, they, they, raised me'*. Sara noted what feeling people cared meant: *'I remember thinking that I had kind of found a family'*. which enabled her real self to flourish. What was consistent throughout was the link between community and spirituality, which I now turn to specifically.

6.6 Superordinate theme 5: The experience of spirituality

The Twelve Step fellowship was a crucial spiritual resource: *'and that for me is the product of a community – with a shared understanding of the centrality of, erm, spiritual development and growth...there is a real sense of being part of a collective, a spiritual collective, even in the silences for me'* (Flora). Spirituality was experienced as being essential to the recovery process by all participants. Most interestingly, spirituality (a lack of it) was also mentioned a great deal within the context provided by

addiction, as I explained in Subordinate theme 1.5. Indeed Markus, Colin and Ted all specified that the experience of addiction was critical in leading them to a spiritual path. Spirituality was also frequently discovered through daily life and human interactions. The experience of spirituality is supported by nine Subordinate themes:

- 5.1 How spirituality is defined by the participant
- 5.2 Spirituality and recovery
- 5.3 Religion versus spirituality
- 5.4 The God/HP concept
- 5.5 Prayer and meditation
- 5.6 Spirituality understood as connection
- 5.7 Spirituality is connection with self
- 5.8 Spirituality is connection with others
- 5.9 Consequences of these connections.

Subordinate theme 5.1: How spirituality is defined by the participants

I start with definitions of spirituality – how the word was understood by the participants. Sometimes the spiritual dimension was outside of the human world. Anthony explained spirituality was *‘something that is out of the realm of the material and may be fairly unknown but can be sensed’*. Though there was this otherworldly dimension, spirituality was defined as something which played a crucial role in the human world:

‘It’s [spirituality] that kind of area of living the good life and being a good person is the world of the spiritual for me. It’s not something supernatural or out of nature for me at all; it’s very much part of what it means to be a human being.’
(Joss)

Spirituality was consequently very much about how you lived your daily life, including right action. Colin thickened this argument and explained the close relationship between spirituality and action:

‘it’s about trying to do anything which is beneficial to my spirit...if I am lying and cheating and manipulating, my spirit has got to be very low, I mean when you look in the mirror I used to hate myself when I was in active addiction...I can’t remember the last time I lied and that is an amazing thing, that is a very beautiful and liberating thing.’

Colin's definition indicated several important dimensions to spirituality: it was about positive action, it was about leaving behind the dishonesty of active addiction and behaving in a way that is more congruent with the real self (also 1.4, 4.2).

For other participants, spirituality was defined through action. Joss explained how he built a spiritual programme through '*engaging in activities that have a sort of fellowship angle or a spiritual angle*'. John also explained the relevance of action: '*honesty, fidelity, kindness...and...generosity*' were key in his spirituality. John developed this point: '*Spirituality is about my own morality and my own world view... if my behaviours are congruent with those, then I think I am in a much better place*'. Sara added that spirituality was about right action, and '*being able to, to see the best in someone or something and to offer the best of themselves. So, the spirituality is kind of a higher connection then, I suppose*'. Spirituality enabled her to see the best in someone else, which helped her experience a sense of higher connection. I now turn to how participants specifically explained the relationship between recovery and spirituality. These definitions already reflected Cook's understanding of spirituality as experienced in a variety of ways, though begin to offer a sense of the forms and meaning of those experiences in the Twelve Step context.

Subordinate theme 5.2: Spirituality and recovery

Flora admitted that connection with God was critical in initiating her recovery: '*only when I became willing to receive help, to let God in, through being completely desperate was I able to begin to shift into some recovery*'. Atheism was no block to working a spiritual programme: '*I'm agnostic...but even on my most atheist days I still 100% would sign up to the idea, that the process of recovery is a spiritual movement*' explained Anthony. Atheists Ted and John were firm advocates of working a spiritual programme; Twelve Step recovery was '*not a psychological programme, but a spiritual programme*' argued Ted. Anthony explained spirituality was key in creating a balanced and healthy life: '*I think there is part of us...that is spiritual and there is an emotional part and there is a physical part, and they're all linked*'. All the participants agreed that this spirituality was vital for recovery.

Problems in life were no longer met with addiction, but with a daily application of spiritual principles, which kept recovery strong: '*In... recovery it [spirituality] is the*

central influence that keeps me on a very specific and needed [recovery] path' (Flora). Markus developed this idea: 'When I don't practise my connection [with God] I get sick'. Flora argued the process of recovery was neither a clinical nor medical endeavour, but 'that the process of [recovery] therapy, I think, is fundamentally a spiritual endeavour. You know it's about humanity, it's about connection'. The support created by these connections (also 4) allowed participants 'to do things that make you afraid' (Colin). Indeed, as Ted explained, the 'foundation [of recovery] is this spiritual sense that gives me the strength and the stability'. Twelve Step spiritual principles and guidance created a secure base, a 'framework' (John) from which a healthy life could be lived. Markus concluded 'I had nothing to do with it' [getting clean]. His recovery was instigated not by himself but by God/HP, and 'it [HP] really is absolutely essential. I can't do without Him' [HP] (Markus).

Subordinate theme 5.3: Religion versus spirituality

Only Markus had good early experiences with religion: *'I think the first person I ever saw with a spiritual practice was my Dad who is a Catholic and attends Mass and doesn't ram it down anyone's throat'. The perceived dogmatism contained in more formal religious structures was abhorrent. Markus enjoyed 'seeing people who carried their belief systems quite gently and quite lightly and without rigidity... anyone particularly dogmatic and I'm off!' John agreed saying he enjoyed the Twelve Step's spiritual fluidity; 'the thing I struggle with is closed-mindedness'. This fluidity offered a diverse difference to the participants' early experiences of religion. Flora explained how 'Recovery was something actually that proposed something different, it proposed a freedom from the religion I had known as a child'. Four participants openly discussed bad experiences with religion. Anthony explained how 'They really prided themselves at the school on their ethos of instilling Christian Catholic common values...it had the opposite effect for me. It really pushed me the other way'. The experience of feeling controlled by religion was counterproductive for the participants.*

Anthony, Sara and Markus explained that they felt judged by religion: *'I felt very controlled, I felt very forced and indoctrinated [by religion]' (Sara). In contrast, Markus explained how Twelve Step spirituality 'didn't frighten me off. Didn't make me feel I was wrong'. Religion often created feelings of control and fear, and so the participants made considerable effort to overthrow previous beliefs about religion and*

develop the confidence to build a new spiritual life. Flora explained how a Twelve Step spiritual recovery presented a '*great opportunity. I embraced the spirituality because for me it felt very, very different. It wasn't about religion...God for me was somebody who judged, punished, controlled and had to be obeyed growing up*'. Twelve Step spirituality offered something different, notably through the HP concept to which I now turn.

Subordinate theme 5.4: The God/HP concept

The God/HP concept within the participants' respective Twelve Step spiritual programmes varied. However, all the participants agreed that HP was vital for recovery. Colin, Flora and Markus spoke specifically about a more traditional God concept. Joss, John, Ted and Anthony described themselves as atheists, yet discussed an HP concept, and Sara was more inclusive and sought help from a variety of religious/spiritual traditions.

Markus was most vocal about his relationship with God, which developed because of the Twelve Steps. '*To actually be in a relationship [with God] was... that was what it [recovery] revealed*' (also 3.1). He explained the importance of this: '*without that connection to something outside of myself, something bigger, I am doomed to flap about...I flounder through life, directionless*'. Colin named his connection with HP as vital. Indeed, '*the connection with a HP which for me is the single most important thing*'. Colin argued that the TSP itself is proof of God's existence: '*I mean that is a work of complete and utter genius...if that isn't God given, I don't know what is*'. He argued '*by God I mean whatever you want*' though he saw God as a big, bearded male. Colin argued that if we do not enlist God on our side, '*we would be crazy*'. A relationship with God was critical in helping him, Flora and Markus recover from the chaos of addiction.

Flora explained how working the Twelve Steps allowed her to develop a more relational, kinder God concept: '*I didn't have trouble believing it was God [in recovery]. What I had trouble with was believing he was gazing on me with some favour*'. The TSP allowed this relationship with God to flourish because its inclusivity offers participants a '*doorway*' (Flora) through which they can pass and '*begin developing a relationship with a God I understood*' (Flora). Flora also described how

her HP concept evolved and created in her a desire for something more structured, a more formal belief system, which she described thus: *'I think by the time I had done all the steps and I had been around [in recovery] 20 years, you know...I felt I needed some other...structure... more theological'*. Flora concluded this line of thought and reflected that *'it was a case of trying to work out what that was and what was going to build on what intuitively I had sort of begun to find for myself already'*. The suggestion here was that working the Twelve Steps opened a door to a spiritual life, which developed (or not) into a more formal belief system.

Anthony, John, Ted and Joss described themselves as atheists, but they also described themselves as spiritual with a belief in a power greater than themselves. Anthony explained: *'I think the idea of, yeah, handing it over and ostensibly putting our trust and faith in something outside of ourselves as being able to help us'*. Ted was in no doubt about the importance of an HP concept: *'When I was ready [in recovery] to surrender on a deeper level and undergo that journey...I ended up having a spiritual experience and becoming aware of a power greater than myself'*. Indeed, for Ted working the steps meant *'I started to get a sense of a power greater than myself that I could connect to and be a part of in my life'*. Ted still saw a greater power as a *'most important thing'* and that recovery involved *'a power greater than myself, and conscious contact, developing that'*.

John explained his distress at how atheism could be perceived as negativity, and/or somehow undermining his spiritual programme, which was so important to him. He explained *'it's difficult when people talk about atheism as somehow being a, being a negative force towards belief. I don't think that is the case. Just because someone is atheist doesn't mean anything except just that, there isn't a mystical belief'*. Indeed, *'I don't believe in any kind of inner, supernatural power or divinity'*, yet the HP concept was critical to his recovery and found within groups of people. *'I don't have a problem with the concept of a HP...because as an atheist it's a very easy concept...it is that even mathematically, two people is a power greater than one, a group is a power greater than one'* (John) (also 3.2). Joss explained, *'my HP is that power in the group that is very much there...you can almost touch it'*. The power of the group provided a sense of HP, which all the participants looked to for support in working a spiritual programme.

The group was a vehicle whereby spirituality was taught, discussed and experienced (also 3 and 4).

Subordinate theme 5.5: Prayer and meditation

‘This is a great truth that if we are embarking on a spiritual path sooner or later, we must encounter prayer and meditation.’ (Ted)

Without exception, all participants were keen to build and develop their respective spiritual programmes. Prayer and meditation were acknowledged as being effective in facilitating this process. Those who professed atheism were equally keen on these two disciplines. John admitted that since he came into recovery, prayer and meditation were both very important. He explained how *‘for me it’s been prayer and meditation, a lot of talking and quite a lot of reading to get a better understanding of the spiritual’*. John experienced spirituality by staying connected to his self and walking through nature. In the same way, Joss had meditation type experiences when he surfed. Both Joss and John described connecting with nature as a deeply spiritual meditative experience, and atheist Anthony categorically meditated *‘every day’*.

Sara agreed about the helpfulness of meditation; she read texts that discussed Kabbalah and Buddhism and attended retreats. The spiritual inclusiveness that Sara described (also 3.1) was augmented by Ted who admitted *‘that I am free to communicate with whatever I believe in; in any way I see fit...and you won’t hear me say Christian prayer’*. Once Ted, Joss, Anthony and Sara trusted that the TSP would let them find their own spirituality/HP concept they worked a spiritual programme with fervour (also 5.2). Three participants practised a more traditional method of prayer – Colin, Markus and Flora. Colin described the day he went to rehabilitation after a relapse: *‘I’m not a religious person but I thought maybe I will try and enlist a little bit of [spiritual] help. I prayed that day...and I think I’ve prayed every day since’*. Colin said prayer was the best tool he had for facing the fears that he tried to medicate with his addiction. He summarised that *‘there are some things I won’t compromise on and the main one would be the daily prayer and the connection with a HP’*.

Flora linked prayer with gratitude and explained how her relationship with prayer developed: *‘slowly it [prayer] became such an integral part of who I am becoming as a recovering person that it, it um, was something that I would do, erm, in quite a different*

way...it became something that I chose'. Thus, prayer was her choice (also 5.3), and it was a valuable recovery resource because it provided support through the creation of an increasingly robust relationship with God. This relationship with God was also critical for Markus who enriched it with prayer '*The conversations I'm having with God...I love it*'. Prayer for him was simply '*conversations with God*'. Sometimes he had these conversations on his knees and sometimes on his motorbike, where his helmet insulated him from the outside world, and he was able to focus exclusively on his connection with HP.

Subordinate theme 5.6: Spirituality understood as connection

'But what was amazing in terms of spirituality and connection was the recovery.'
(Joss)

Joss explained, '*spirituality for me is all about connection*'. For all participants, the process of connection was a consequence of their working a spiritual programme. I turn to explain how they used the word connection, and how connections with self and others were experienced as spiritual processes. Finally, I discuss the consequences of these connections. The word connection was discernible in all the Superordinate themes and was central to the participants' understanding of the experience of spirituality. The close relationship between spirituality and connection offered sharp relief to the loneliness instigated by addiction (also 1.2). Sara explained, '*So, I think of spirituality as connection... if spirituality is connection, then it can allow you to, be part of...to be part of something. That almost gives you a sense of purpose, or sense of wellbeing and sense of hope*'. Colin also saw how the issues of spirituality and connection worked together explaining, '*If you're living in accordance with spiritual principles then, then you can connect with other people*' (also 5.8). Colin argued living alongside spiritual principles engendered better contact with others and so stronger spirituality (also 4.2).

Subordinate theme 5.7: Spirituality is connection with self

'Recovery meant an introduction to being a human being – to me.' (Ted)

Flora explained how spirituality was restoration of '*the real self...and that is so indivisible from, erm an innate connection with God. The two are not separate*' (also 4.2). The participants' process of connection with this self was perceived as a spiritual one – for Flora restoration of the self and connection with God were interchangeable

processes. Flora pushed her argument, explaining spirituality was all to do *'with my capacity to um, believe in something greater than myself. And, oddly, paradoxically that then allows me to sit with myself in connection in a ...different way'* (also 4.2). Flora believed that the root of her better connection with herself was her connection to HP, and *'spirituality is the capacity to use that relationship [with HP] for personal growth'*.

John was more specific about how these connections evolved. He explained his spirituality was practised through rediscovery of his *'moral compass'* (also 4.2, 5.1). Colin also explained how following the TSP (also 3.2) suggestions facilitated rediscovery of his *'moral compass'*; both discussed how honesty was an important piece of this morality. Joss also explained that while using drugs he felt lost but experienced his spirituality through his *'morality'* which he defined as practical (also 5.1) It was, he argued, about behaviours and *'it's all about how you get on with others...If you don't have a strong morality you wouldn't survive'*. Spirituality was experienced through action that felt congruent with the real self and was respectful to others.

Subordinate theme 5.8: Spirituality is connection with others

Participants described how learning how to connect with others in the fellowship was an experience they understood as spiritual, which I also touched on in Subordinate themes 3.2 and 5.6. The experience of spirituality *'allows me to be in relationships with other people'* (Flora). Connection and relationship with others were critical in sustaining and developing a spiritual life. Flora explained, *'I think there is such a strong sense of spirituality in the workings of those relationships'* (also 3.2, 4.2). Additionally, Sara explained how the community taught her that spirituality was often instigated by being a very part of that communal activity; *'spirituality or God, or my HP...would communicate to me through a song...through witnessing, you know other people interact'*.

The presence of HP/God was discovered within the Twelve Step fellowship in diverse ways. The connections established here created *'a very powerful sense of belonging. But more than that, it was a sense of... I am not alone; I am not the only one'* (Ted). John and Joss both specified that *'for me, my HP is the power of the group'* (Joss). Ted clarified the importance of others in facilitating a keen sense of spirituality: *'It [spirituality] was the support of people...I saw it as a power of opening up to one*

person'. The power of a group of individuals in recovery sharing their stories was viewed as a source of spiritual support, and a means whereby spirituality was actually experienced. Colin emphasised the importance of others in establishing a spiritual sense: *'spirituality is all about connection, about connecting with ourselves, about connecting with a HP, about connecting with other people again'*. Like Colin, Sara also argued a spiritual life engendered connection to self, which facilitated connection to others, and she surmised *'it is important to, in a programme or recovery to be connected'*.

The fellowship was also a reminder to the participants of that importance of connecting with others. This 'reminder' of what is important is also described as a spiritual process as John explained:

'Going to a meeting just reinforces my spirituality because I see my belief system in action within groups of strangers and yup. Nothing better than seeing it... It's the very action of a group of strangers coming together and helping themselves but also very clearly there to help others.'

What participants described as spirituality in action – namely service to others and connecting honestly with each other through sharing their respective stories – was seen as a very spiritual process.

Subordinate theme 5.9: Consequences of these connections

Connecting with self and others facilitated restoration of the participants' principles, which I touched on in 4.2. Colin discussed *'humility, kindness, anything which is a sort of power for the good I suppose'* (also 5.7). Ted elaborated, explaining how spirituality was *'living from that place... of honesty'*. John also specified that being connected to his spirituality allowed him to practise the values of *'honesty, fidelity, kindness...and... generosity'*. Restoration of principles, values and beliefs also meant that *'I am much more able to hold onto myself and manage myself [which] I suppose helps me to stay connected, connected to myself and I guess therefore in some way connected to some kind of spiritual aspect'* (Sara). Therefore, the process of connection was a cyclical one, being restored to their values encouraged further connection to a spiritual life.

A critical consequence of this spiritual path for many participants was service (also 5.1, 5.7). John explained, *'seeing how it [meeting] works. Just seeing how, you know, how*

one person freely helps another person. That enforces my own spiritual beliefs’.

Spirituality and service were closely aligned. Service had another advantage; Anthony explained how *‘doing things for others...that gave a real structure to the ideas of the Steps, about what spiritual life might look like’*. This structure was of enormous benefit to Anthony when he was learning about spirituality in early recovery – it gave spirituality substance and shape. Additionally, service to another helped the participants in their own recovery. Joss explained how *‘the quickest way to get yourself out of depression is to help someone else’*. Again, this point emphasised the very practical application of spirituality to daily life, succinctly described by Ted: *‘if it is not practical, it is not spiritual’* (also 5.1). Connecting with others and giving service (to them) was perceived as a deeply spiritual endeavour by participants and was critical in an ongoing programme of recovery.

6.7 Conclusion

I surmised from my findings that addiction was a process that supplied vital life lessons to the participants. The experience of addiction unanimously led to great suffering, and addiction was viewed as an absence of spirituality. The route out of this suffering was provided by the admission that self-will was ineffective, and another way must be sought. The TSP provided this way and became a means whereby a spiritual life was discovered and developed. The Twelve Step community was critical to this essential spiritual process and provided invaluable spiritual support to all participants through the relationships it encouraged. The relationships fostered within this community ended the lonely isolation of addiction, and provided a sense of connection, which was understood as a spiritual experience by all eight participants. All participants experienced a sense of HP through the fellowship provided by the Twelve Step community, and three participants developed a more traditional God concept. Developing a spiritual programme was experienced in diverse ways yet viewed by all the participants as critical in an (ongoing) programme of recovery. Here, I have explained my findings based on what was said, and the answers had already begun to supply material for further understanding of spirituality and how it operated – the first two aims of this study. In the following chapter, I offer a theological interpretation of my findings in relation to those aims and move to the third aim of developing those ideas through theological resources.

Chapter 7:

Discussion

7.1 Introduction:

Underpinning my title, *A Research Project Exploring Twelve Step Spirituality with Practical Theology* were the aims discussed in Chapter 1, to investigate:

- How spirituality was defined/understood.
- How spirituality operated/was operant in recovery.
- How theological resources help me understand these spiritual experiences more fully.
- How I can utilise my findings to assist clients' engagement in recovery programmes.

This chapter considers how the findings outlined in Chapter 6 respond to the first two aims and then I deepen that understanding through dialogue with theological resources, which fulfils my third aim. The second half of the chapter looks at the consequent changes to my professional practice, so meeting my final aim. I undertook the research by interviewing eight recovering persons about their Twelve Step spiritual experiences. I asked about the role of spirituality within their recovery process, definitions of spirituality, the effects of spirituality in their lives today and how they continued developing a spiritual programme. The main themes (see Figure 4) centred on firstly the experience of addiction, secondly Twelve Step recovery, thirdly the Twelve Step programme itself and fourthly Twelve Step community. Finally, the fifth theme was the experience of spirituality and the strong role played by connections with self, others and HP within this experience. These findings recalled Cook's discovery of 13 conceptual components of recovery where 'relatedness' and 'transcendence' were encountered most frequently (Cook, 2004, p.539) and as discussed, his definition of spirituality had provided parameters for the project.

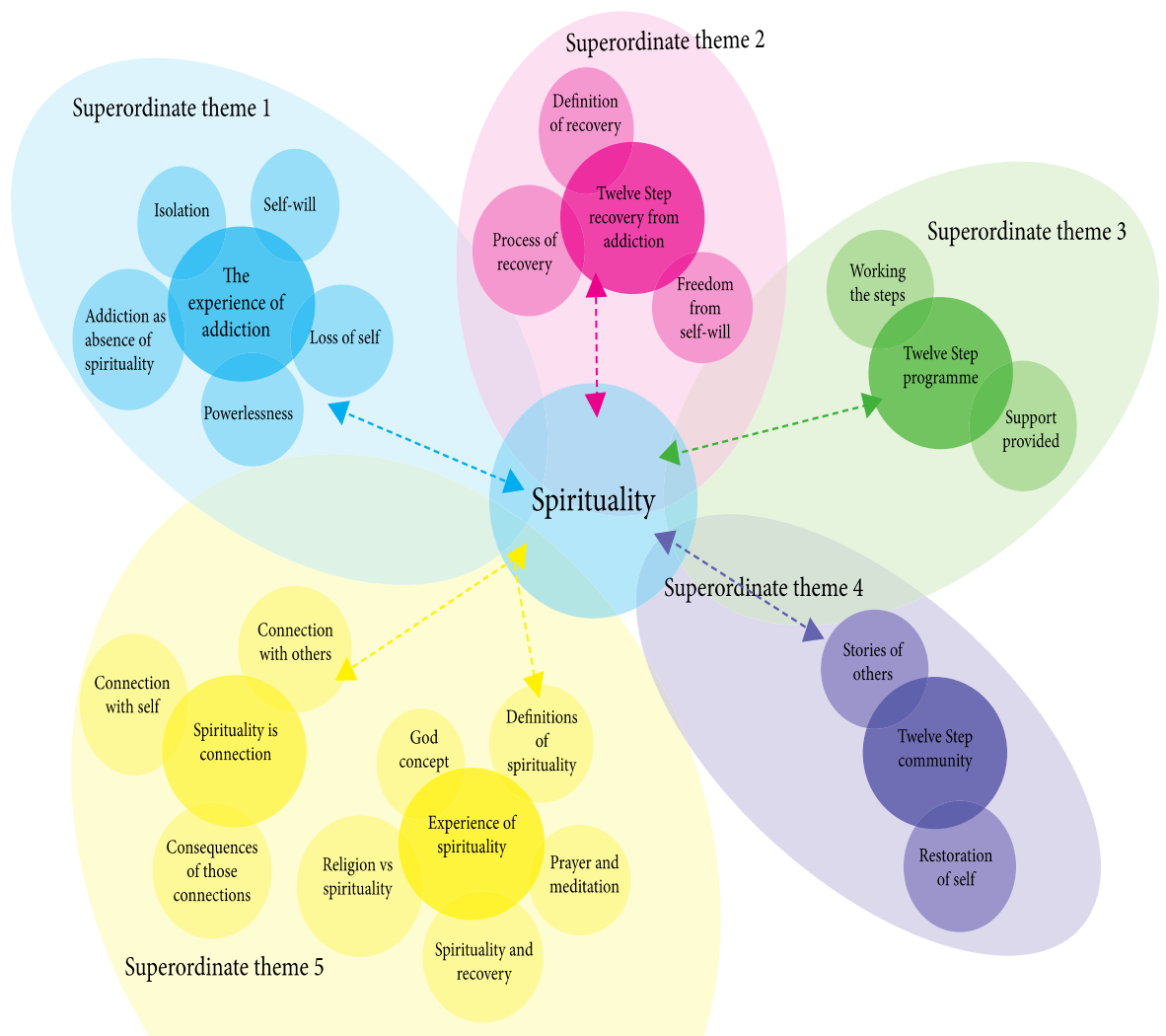


Figure 4: The 5 main Superordinate themes, and their corresponding Subordinate themes

This chapter was the result of a dialogue ‘between the researchers, their coded data, and their psychological knowledge...leading in turn to the development of a more interpretative account’ (Smith, Flowers and Larkin 2009, p.79). As Smith, Flowers and Larkin noted, ‘IPA is always interpretative...critically...those interpretations must always be grounded in the meeting of researcher and text’ (Smith, Flowers and Larkin, 2009, p.36). The double hermeneutic advised by IPA involved my making sense of the data (text), which was created by the participants who were making sense of Twelve Step spirituality. I explained this process in Chapter 5 and concluded that the text was impacted by specific Twelve Step language, which was evident throughout the interviews. Due to my own bias (discussed in Chapters 4 and 5), I homed in on this language whilst also attempting to understand the data from the participants’ stance.

Crucially, at this later point in the data analysis my role as researcher had a specific agenda. Although I remained aware of my ‘psychological knowledge’, (including that concerning the TSP, and the literature therein) I used a lens that was specifically theological, which I turn to explain.

Through IPA (Smith, Flowers and Larkin, 2009), I established that the participants’ definitions of spirituality were theologically weighted and tied up with themes of ‘relatedness’ (Cook, 2004, p.547). This prompted a return to the theological resources including those on sin and grace discussed in Chapter 2, which had a strongly relational aspect. It was necessary to explore these theological resources and see how they spoke to the experiences described. This chapter explains what evolved from my interpretation of these findings with theological resources. This process was recognised by Smith, Flowers and Larkin (2009) who explained that the nature of IPA is that both interview and analysis take the researcher into unexpected territory, which was indeed the case. IPA advises that this new literature be selective, and by no means exhaustive – a suggestion I adhered too. Willig (2013, p.92) cautioned this ‘second level of interpretation, therefore, takes the researcher beyond the participants’ own words and understanding... [and] higher levels of interpretations enrich the research by generating new insights and understanding’. This was what happened, and the theological interpretative activity was intended to generate new insights and understandings about Twelve Step spirituality.

7.2 Theological reflections on spirituality

7.2.1 How the participants defined spirituality through experience

As discussed, definitions of spirituality are notoriously challenging. Cook’s (2004, p.550) definition understood spirituality as ‘a distinctive, potentially creative and universal dimension of human experience’. This emphasis on experience was key within the first aim, following what I had established from Cook in Chapter 2, which was borne out by the way that participants responded to questions about defining spirituality. In addition, Sheldrake (1987, p.1) argued for the involvement of spirituality with ‘all the elements of our experience’. Indeed, ‘We must allow our experience to question our grasp of the tradition – to help us see it in new ways’ (Sheldrake, 1987, p.2). I looked to how he defined spirituality:

‘A friend once described spirituality to me as theology on two feet. In other words, spirituality...is a useful term to describe how, individually and collectively, we personally appropriate the traditional Christian beliefs about God, humanity and the world and express them in terms of our basic attitudes, lifestyle and activity. On a personal level, spirituality is how we stand before God in the context of our everyday lives.’ (1987, p.2)

Sheldrake explained how understanding spirituality involved understanding how our experiences have shaped our tradition. The participants were not engaged in the establishment of the Christian tradition, but experiences they understood as spiritual shaped how they made sense of Twelve Step ideas. The experience of addiction was what Colin described as the ‘*hammer*’ that forced change; moreover, he knew that he was powerless and could not ‘*fix this problem [addiction]*’. The participants had allowed their lonely experience of self-willed addiction to question and shape the development of a more relational recovery programme. Furthermore, the acknowledgement that they could not ‘fix’ this problem of addiction opened them up to their own limitations, ‘*and so, now it has to be about doing things differently*’, explained Colin. This ‘difference’ involved building a spiritual programme, and Colin elaborated that ‘*spirituality is all about connection, about connecting with ourselves, about connecting with a higher power, about connecting with other people again*’. Spirituality for all the participants was experienced through a process of connectivity with self, others and HP, contrary to the isolation of addiction described in Superordinate theme 1.

Therefore, my studies confirmed the truth of Cook’s argument that the theme of ‘relatedness’ to God and other people is a prominent feature of spirituality (Cook, 2004, p.549). Having established this, I surmised that the emphasis on relatedness was also crucial in further interpretation of the data. Spirituality was developed by the participants not through ideas, but the relational experiences around meetings and listening to others in the Twelve Step fellowship, which was revealed by Superordinate theme 4. This experiential component of spirituality is augmented by Sheldrake’s (1987, p.2) argument that ‘in practice, spirituality finds its starting point in experience rather than abstract ideas’. The participants’ spiritual experiences were created by a mix of God/HP concepts, previous experiences with religion and, most significantly, their experiences of connection and relationship within the fellowship. Without exception, this relational experience was considered both spiritual and essential for recovery.

7.2.2 *The function/purpose of spirituality*

I considered the meaning and function/purpose of spirituality within the data in an attempt to understand the term better, and to consider my second aim which involved understanding how spirituality operated. Cook (2004, p.547) identified ‘meaning’ and ‘purpose’ as being important components of spirituality and possibly ‘in other areas of psychological and medical care’, which was especially significant to my professional practice. Recovery was something that Marcus, Anthony, Joss, Flora and John admitted that they could not do alone. So, the process of connectivity was an essential function of a spiritual programme, and therefore a meaningful one. I discovered within the data that spirituality was operant through relational processes, so meeting my second aim.

Anthony explained how the daily ‘*encouragement and the selflessness*’ of others ‘*were all key in sort of pulling me along and, as I was saying earlier, helping me to do something [recovery] that I couldn’t do prior to that on my own*’. Anthony experienced the support of others as deeply spiritual because through this daily support he was able to recover, which meant that a crucial purpose of these spiritual connections was actually instigating recovery. Cook’s (2004) definition validated this point and pushed my understanding of the depth of these spiritual connections. Cook (2004, p.547) wondered if ‘meaning purpose... could... be understood as defining those aspects of relationships which are specifically “spiritual”’. The experience of the participants suggested that this was indeed the case.

Flora agreed that a spiritual Twelve-Step programme was meaningful because it facilitated ‘*a capacity to connect with myself in a very specific way, it allows me, when I am connected with that part of myself to connect with others, to be present in my life*’.

Thus, connections with others helped facilitate a connection with self which was an important purpose of a spiritual programme. Sara also explained the value of these connections: ‘*The spiritual for me is connection. Connection to myself... or connection to... others*’. Janet Martin Soskice (2007, p.177) made sense of this from a theological perspective: ‘we become who we are and know who we are to the limited extent in which we “genuinely know ourselves” through our relationships with other people’. This relational process argued Soskice (2007, p.51), is important because we learn ‘love through the reciprocity of our human condition’. Soskice’s words exposed how the shared condition of addictive illness and subsequent experiences of recovery that

enabled Sara (and indeed all participants) to participate in loving friendships with each other, were meaningful in their own right and also important agents of recovery.

For Joss, John, Anthony, Flora and Sara, friendship was a meaningful function of this relatedness. Flora explained, '*The fellowship... offered an experience of connection and friendship that I had never experienced before*', which was for her a '*spiritual*' experience. Swinton explained the theological significance of this:

'the act of friendship is a form of praxis. It is the embodiment of theological understandings. What at first glance appears to be a simple relational practice...proves to contain very deep levels of theological meaning. In a very real sense belief is embedded within the act itself...*in this sense actions are themselves theology* [original emphasis].' (2000, p.11)

This helped me understand what was at play for the participants when they were so moved by the fellowship. Sara explained '*I felt accepted and I felt like I belonged, and I felt like people understood me. I think... that probably was, you know, a sense of spirituality, a sense of being connected*'. Swinton (2000, p.11) argued that through the action of friendship, the nature of God is experienced and 'the meaning of love and compassion...revealed'. This seems to have been the case for the participants, through love for each other they experienced a sense of HP, which I discuss in detail later on. Soskice (2007, p.159) argued this point of mutuality most succinctly: '[in] friendship two men are equal; indeed, the friend is "another self"', for 'What is sweeter than to have someone with whom you may discuss anything *as if you were communing with yourself?* [original emphasis]'. Soskice's work revealed how friendship enables the process of support, self-discovery and love that the participants described. Friendship was purposeful in that it facilitated the recovery process. Ted explained how '*this spiritual sense*' through the fellowship '*gives me the strength and stability*' to develop an ever-evolving spiritual programme.

Friendship performed a vital function, as John explained: '*All I have [in recovery] are other people's thoughts and experiences, so, um, yea I think all those things have helped shape how I am today and how I feel about me and the world*'. Thus, connections and friendship made in the fellowship provided information about *how to be* in recovery. Therefore, these relationships provided important examples about how to be one's real self. Marcus explained the consequences of this process: '*You know that sense of, that's where [meetings] I found a sense of myself*', and Colin agreed that meetings were a

place to ‘*recover, you know, a kind of sense of self*’. Swinton (2000) explained the theological significance of this process, and how friendship plays a positive and most visible role in an ongoing ‘reconstruction’ of the self after loss/change, which offers an apt parallel to the loss of self involved in active addiction, and the reconstruction necessary in the recovery process.

Swinton (2000, p.79) perfectly captured the participants’ discovery of their real self through his words on friendship: ‘friendship allows the possibility of discovery of the true self because in friendship people “experience” themselves as unique, whole persons and learn to understand what it means to relate to others as unique, whole persons’. Through connections with others the participants recovered and thrived. Sheldrake (2012, p.6) enriched the parallel between emotional health and spirituality explaining: ‘Spirituality is also regularly linked to thriving – what it means to thrive and how we come to thrive’. Thriving for the participants meant the ability to recover, which they all achieved through a sense of connections and relatedness with other recovering persons. Cook’s (2004, p.547) conclusion that ‘*relatedness* [original emphasis] could be understood as the pervading theme [within spirituality]’, was backed up by the relational emphasis throughout the data. Here theological resources emphasised the shared relational character of human nature that is seen in the particular character of participants’ spirituality.

7.3 Religion and spirituality

Three participants built a Twelve Step spiritual programme from a God concept from a pre-existing religious tradition. Sheldrake’s (2012) work helped me better grasp the participants’ self-understanding of their spiritual experiences and what was introduced in Chapter 2. Sheldrake (2012, p.99) explained that religions can create ‘various spiritual traditions that offer a “map” or path for the spiritual journey’. Flora, Marcus and Colin had a previous Christian God concept, which did indeed provide a ‘map’ to start the Twelve Step spiritual journey. This map when combined with Twelve Step spirituality allowed Flora to build on the concept of God that she had ‘*known as a child*’ and proposed a ‘*freedom*’ in doing this – unlike the constraints she experienced with earlier religious practice. Marcus admitted that he had never had a problem with the God concept, yet ‘*What the Steps bought up for me was that I could form a relationship with this thing [God] that I entirely trust*’. Therefore, theological resources enabled me

to understand how Marcus and Flora were able to use the ‘maps’ of past religious beliefs and combine these with Twelve Step spirituality to develop a relationship with a God concept and build a spiritual programme.

Swinton (2001, p.23) enriched my understanding of how Twelve Step spirituality had allowed Marcus and Flora to develop their previous Christian God concept; he explained that formal, organised religions can be regarded as ‘vehicles for the expression of human spirituality’, which was exactly what happened in this case. A more formal God concept became, for these participants, a more relational HP through an application of Twelve Step principles. The data revealed that in two instances religious belief had been used to build a Twelve Step spiritual programme, and Swinton (2001, p.38) argued that ‘The 2 models [religions and spirituality] ...are wholly compatible’ because both ‘reflect genuine attempts to express the experiences of the spirit. Understood in this way, spirituality is seen to be relevant to all people, and spiritual care is something that extends beyond the remit of the of the religious’. Therefore, theological resources supported the finding that religion and spirituality need not be in opposition.

However, by contrast Anthony, Ted, Joss and Sara were all nervous that Twelve Step spirituality might mean a return to religion, which they had not had good experiences with. Anthony admitted that *‘I was always very resistant to the idea as a lot of people are of anything that had a religious feel or used words like “God”’*. Sara was worried that spirituality might make her feel *‘indoctrinated’* and *‘controlled’* as religion had. Sheldrake’s (1987, p.69) argument developed these concerns, and he agreed about negative conceptions of God: ‘God as tyrant, manipulator, puppet master, judge or false friend’. These types of images are problematic in creating relationship with God and Sheldrake (1987, p.69) explained how ‘our relationship [with God] is determined by our experience of human relationships’. The answer Sheldrake (1987, p.69) explained is that ‘We need to be convinced that God can and does meet us where we are’ and is infinitely ‘kind’. Sheldrake’s words helped me understand that the fellowship was able to facilitate both these processes for participants. Sara admitted that after some time in the fellowship, she realised that *‘people knew my name, they were interested in me, they gave me a hug ... I suppose in that way, it did foster a sense of spirituality’*. Thus, for

participants it was the kindly ‘compassion’ (Cook, 2004, p.545) within this ‘relatedness’ that helped a spiritual programme to become operational.

Reflecting on Koenig’s (2008, p.4) definition in Chapter 2 ‘that religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred’, I realised that definitions of religion, although partially true for the participants, were not wholly true. What I mean is that there was a ‘common belief’ throughout all the data concerning the necessity of spirituality to overcome addiction. I considered that this spiritual emphasis could be responsible for the concerns that the TSP is religious and so inaccessible, which I discussed in Chapter 2. However, the beliefs about what might constitute this sense of the sacred were diverse in the data, and therefore ruled out the possibility that the TSP is exclusively a religious one. This diversity meant that I needed to explore most thoroughly what the data considered spiritual, so I could grasp more fully what the participants meant by the term.

7.4 Addiction and sin

‘I think addiction is all about lust, trying to fill a void, for me...I wanted to pour enough Stella Artois into that for it to go away.’ (Colin)

In Chapter 2, I discussed how theologians including May (1988), McCormick (1989), Plantinga (1995), Mercadante (1996), Cook (2006) and McDonough (2012) viewed addiction in connection with the relational aspects of the concept of sin. This rich and scholarly finding encouraged me to reflect on the emphasis on connections/relationship in the data, and to consider a possible fruitful connection between these and the concept of sin. This potential conversation was central to my third aim – using theological resources to enrich an understanding of Twelve Step spirituality. McCormick (1989) and McFadyen argued that ‘the language of “sin” has fallen largely into disuse in general public (but also in much Christian and theological) discourse as a language for talking about the pathological in human affairs’ (McFadyen, 2000, p.30). McFadyen argued that this is a loss because the language of sin can be usefully employed to help make sense of pathological features. The pathology I chose to explore theologically was addiction, and I turn to McFadyen (2000) throughout to assist.

In order to complete this task best I needed to consider how sin is actually defined. McCormick argued in favour of the Augustinian model of sin, and McFadyen (2000,

p.167) augmented the argument adding ‘Augustine’s understanding of sin is the conventional, and arguably even obligatory, point through which to engage the tradition on account of his unequalled role in shaping Western Christianity’s understanding of sin, including its doctrine of original sin’. From Augustine’s work, McFadyen (2000, p.16) created his own particular definition of sin; he explained that ‘The doctrine of original sin carries four crucial, interrelated corollaries: sin is *contingent, radical, communicable* and *universal* [original emphasis]’. I turn to interpret the data with these four corollaries in order to enrich my understanding of the participants’ spiritual experiences (Superordinate theme 5).

7.4.1 A definition of sin

I look firstly to sin being contingent to, not a necessary consequence of, human freedom, which concerns the matter of the will. This aspect of sin argued Cook (2006, p.148) is reflected ‘in bad judgments’ we make and ‘in a disposition to misuse...free will’. Indeed, ‘For Augustine, sin was identical neither with actions nor with will. Sinful actions were understood as willed’ (Cook, 2006, p.149). As Superordinate theme 1 revealed, the process of addiction was a self-willed one. Ted explained, *‘I was just arrogant [in addiction] and I knew it all, and I had the intelligence to out argue anybody’*. The participants knew that these self-willed addictive processes took them a long way from their real selves, which they detailed in Superordinate theme 2. Joss explained, *‘I think that in addiction you could never live up to your values so I would want to be nice to people but then if I was drinking’* he knew he could not be and would be *‘rude’*.

This process meant John’s addiction separated him from his value system, which meant that he became a person he did not like: *‘[I] emotionally suffered when I broke my own...my own philosophies, absolutely... It increased my shame and I used more’*. Cook (2006, p.148) explained that sin is a ‘secondarily acquired condition. It is not fundamentally the way that God created things to be. If sin has become our second nature, it is not our primary nature which is still good’. The fact that sin is not our primary nature explains the contingent element that McFadyen discussed – i.e., sin is not a necessary part of humanness. This helped me understand the loss of the real self and values that Ted, John and Joss described; their addictive self was neither necessary

nor essential, and it felt uncomfortable because it was not truly indicative of their real 'philosophies' i.e., their 'primary nature'.

Flora grew tired of this loss of self: *'I was one of those who was sick and tired of being sick and tired for a very long time and was trying to evoke enough of my own will, still to be able to take control of this'*; she attempted to manage her alcoholism through her own will which failed. To counter this, AA urged an ongoing total surrender of the self to God (Mercadante, 1996) which the participants knew was necessary. Colin observed that *'This problem [addiction] is much bigger than me'* and therefore *'the connection with the HP...is the single most important thing of my programme'*. McFadyen (2000, p.27) explained that this kind of language chafes against our modern culture of autonomy, but the doctrine of original sin 'characterises the human situation in terms of bondage to sin, not of freedom'. In this instance, McFadyen's work on sin helped me grasp the participants' understanding of the futility of their own will in combatting addiction, and so the bondage in which they found themselves. This process is enriched by Cook (2006, p.167) who explained how

'Sin is experienced as a power which adversely influences human choice and decision making, and which engages people in the very processes which bring about their own enslavement. This would indeed appear to provide a good account of the processes of addiction.'

The findings established that the participants all recognised this 'enslavement' and therefore the need for ongoing surrender to HP through working the Twelve Steps (Superordinate theme 3).

The participants discussed this enslavement wrought by their respective addictive processes, and the futility of their will in attempting to combat it. What was not discussed was the battle that I hear from many clients in early recovery between wanting to stop their addictive patterns and not wanting to stop. Cook (2006, p.131) paralleled this process to St Paul the apostle who 'wrote about the subjective experience of inner conflict' and Augustine who 'relates his own autobiographical experience of a divided will'. Indeed, Augustine's 'concept of the divided will has enormous relevance to an understanding of how people engage with desires or appetites that impel them towards goals they recognise as... undesirable' (Cook, 2006, p.132-3). I surmised that I did not hear about this in terms of an ongoing battle because all the participants had at

least five years of recovery. I would speculate that the subject of the divided will and addiction would be a good area for future study, and especially pertinent to those in early recovery. More relevant to this project was Cook's (2006, p.169) conclusion that 'both Paul and Augustine' acknowledged 'that only the grace of God provides a way out of the inner conflict of the division of self and will'. The participants recognised this, i.e., that self-will was obsolete in managing the captivity of addiction, hence the necessity of an HP concept to manage this issue of 'contingency'.

Flora explained how *'Only when I became willing to receive help, to let God in through being completely desperate [in active addiction] was I able to begin to shift into some recovery'*. Crucial to the participants' recovery was the fact that they turned their will and his life over to the care of an HP on a daily basis (Superordinate theme 4). Ted explained *'that you start with the surrender. This is where it all begins'*. Colin elaborated *'[the] humility [necessary] of actually saying I can't do this on my own, but I know a man who can. Whether that's our, you know our God or our group'*. Marcus explained the consequences of surrender to HP; life became

'so much more peaceful and effortless than any other way of living I have experienced. Simple as that. It is not...just compared to how I used to live, what I, what I...I just...it's the difference between crawling on my hands and knees over glass to standing up and... It's like the evolution of man.'

The only way the participants saw to stay in recovery was through working the Twelve Steps. They knew that they were not cured of their addiction, and they understood it to be arrested rather than cured by the Twelve Step spiritual principles, as Colin explained, *'I think that humility every day of surrendering and realising it's not about us'*. Ted knew that he *'must let go of the life we have planned in order to accept the one that is waiting for us'*. Recovery meant turning his will and life over to the care of HP as he understood s/he/it. McFadyen enriched my understanding of this aspect of recovery by explaining that the way to respond to sin was not through autonomy but being oriented to God, on a permanent basis, which is exactly what Colin and Ted realised. McFadyen (2000, p.223) explained, 'Since sin energises disorientation in relationships, opposition to sin must take the form of a comprehensive reorientation towards...God'. Therefore, McFadyen helped me understand that the participants' process of surrender meant orientating the self and the will towards God/HP. McFadyen argued that we need to stay

orientated towards God to remedy this ‘disorientation’, which was exactly the process that the participants undertook through working an ongoing spiritual programme.

Secondly, sin’s hold on us is radical. McFadyen (2000, p.17) specified that ‘original sin refers primarily to a situation’ or perhaps a ‘condition we have’. As already identified, the data established that addiction involved terrible isolation (Superordinate theme 1), which meant any sort of relationship was impossible. Using theological resources, I interpreted this isolation as the ‘situation’ created in this context by addiction, which was a radical one for the participants. Joss explained, *‘I sort of lost [in addiction] a sense of connection with other people’*, which made any sort of fulfilling life impossible. I turned back to McFadyen (2000, p.162) who helped me understand the theological significance of this radical ‘situation’. McFadyen explained that sin is ‘that which constricts and restricts human beings from the abundance and plenitude of being-in-relation which is proper to them’, which was exactly what addiction did for the participants. Indeed, this situation was so painful that Colin explained that *‘the sledgehammer which catalyses the need for change is probably the loneliness and the isolation’*. Cook (2006, p.148) augmented the consequences of this loneliness through his definition of sin: ‘a turning away from God himself, a failure to love God’. McFadyen (2000, p.222) concluded that ‘Sin is therefore living out an active misrelation to God’, which created a sense of radical isolation. McFadyen and Cook’s words on sin also helped reveal the depths of the lonely despair wrought by the addictive process.

The consequences of this ‘situation’ were so alien and so painful that they also prompted me to regard addiction as being like the ‘condition’ that McFadyen (2000, p.17) explained was part of sin’s radical hold. Sara explained how in active addiction *‘I had no faith. I had no hope. I was in fear, I felt very isolated. Um, I had no trust, no sense of trust that anything or anyone could support me or help me’*. Therefore, addiction was not about the act of using a substance for the participants, it was more like an ongoing ‘condition’. This ‘condition’ became about the participants’ way of being which was a lonely, and fear filled existence. Sara elaborated how *‘disconnection can lock people into cycles or isolation or loneliness and kind of self-perpetuate the insanity really’*. McFadyen (2000, p.17) enriched an understanding of this ‘condition’, and so my understanding of the participants’ experiences. He explained that sin’s reality

is not so much about ‘episodic acts’ but represents rather ‘a distortion of our fundamental ways of being in the world’ (McFadyen, 2000, p.17). This distortion impacts ‘our personal identities’ and underlies ‘our actions’ (McFadyen, 2000, p.17), which captures exactly the experience of the participants when in addictive illness. McFadyen’s use of the word ‘distortion’ to illustrate this ‘condition’ enabled me to understand more fully the actual extent of the damage created by the ‘condition’ of the addictive process.

Anthony explained how the ‘condition’ of addiction distorted his way of being and *‘[meant] changing what I did and what I thought was OK and you know, taking it to really dark places. Doing the sort of things that I would never have imagined myself doing’*. This process meant that he became ‘severed’ from his real self. The participants emphasised that addiction was not always about the addiction itself but its consequences, which sometimes involved this ‘severance’ from the real self. McFadyen (2000, p.221) captured the bleakness of this process when he explained how ‘sin is, hence, not so much free choice, as spiritual disorientation of the whole person at the most fundamental level of life’. This ‘spiritual disorientation’ created a radical distortion of Anthony’s being, he became someone he hardly recognised. McFadyen’s words helped me understand how disorientation destroyed participants’ relations with self, each other and God/HP. Furthermore, this distorted ‘way of being’ engendered a sense of devastation, which as Anthony explained meant, *‘at the end of my using I definitely felt I was spiritually bankrupt’*.

Thirdly, I applied the communicable aspects of sin to the communicable aspects of addiction. McFadyen (2000, p.170) explained that sin is communicated to us ‘pre-personally. It therefore infects us prior to our achievement of personhood’ it is a ‘communication of a pre-personal distortion, which then underlies all our acts’. I did not ask the participants about their views on the potential biological or genetic causes of addiction, therefore there was little detail on where addiction came from. However, McFadyen (2000, p.17) explained how these communicable aspects of sin underlie ‘all our personal acts’ and this helped me to understand how every aspect of the participants’ lives revolved around addiction. Ted was *‘powerless to stop myself’* realising *‘I was ...this “addict”, completely controlled’*. The consequences of this were devastating, and Markus explained how this relationship left him *‘broken. For the first*

time really, really broken’ with *‘nothing in the tank’*, which meant that *‘spiritual principles got completely abandoned and forgotten’* (Colin), and so the real self was further lost.

Cook (2006, p.167) argued this communicable addictive process is also facilitated by ‘social processes... [whereby] people are drawn into dependent patterns of drinking which they then actively seek to continue, even to their own detriment’. This was exactly what happened to the participants who were powerless to stop (Ted). Furthermore, Colin explained *‘You know, loved ones become prison guards and warders and just things to be evaded. Because ultimately wives, mums, loved ones are just trying to tell you to stop’*. Addiction harms the sufferer and ‘those around them...’ (Cook, 2006, p.167) so increasing the misery of the addictive ‘condition’ and the isolated ‘situation’ that the participants found themselves in. The ‘communicable’ captivity Cook described helped me to understand the extent of the destructive relationship with addiction, and how trapped and desperate the participants and those around them felt as a result.

Finally, and fourthly, it follows ‘from the radical nature of sin in the basic structures of our humanity that sin must be universally extensive, both as a condition and as an actualised possibility: because we are all in a situation of sin, we all commit individual acts of sin’ (McFadyen, 2000, p.17). Therefore, none of us avoids sinning. In the same way, Mercadante (1996) explained that the Twelve Steps advocate that recovery needs to be ongoing ‘for one is always recovering’ (Mercadante, 2015, p. 619). This fact she argued, is potentially a more universal problem that afflicts us all because ‘dysfunction and disorder’ (Mercadante, 1996, p.23) do not go away. May (1988) and Mercadante believed that ‘Many issues raised by the addiction problem are relevant to theology and to lived faith. Ultimately, we are dealing with the human condition, its vulnerabilities, limitations, potentials and ends’ (Mercadante, 2015, p.619). Therefore, addiction and the Twelve Step movement could be ‘a functional replacement for the concept of sin’ (Mercadante, 1996, p.23). This argument answers my caution (Chapter 3) around some therapeutic practice – and concern that some therapeutic models (Judith Beck, 2000) do not pay enough attention to the issue of ongoing human fallibility and set an impossible goal around becoming ‘fully functioning’ (Thorne, 2000, p.35).

Theologian Terence Cooper (2003, p.163) enriched this point and explained that most of ‘contemporary humanistic psychology denies the possibility of personal destructiveness if our basic needs have been met’. This, argued Cooper, (2003, p.163) ‘is precisely the kind of optimistic view of the human condition which Christian theology is deeply suspicious’. Cooper (2003, p.163) explained that according to Augustine, ‘Christian theology says that’s sometimes we choose destructive behaviours for no reason other than our dissatisfaction with human limitations. Sin is not rational’. In contrast to some therapeutic models, theological resources helped me to see that the TSP deals with human fallibility, irrationality, and the need for ongoing support to counteract these particularly well. The argument for ongoing support was relevant as May (1988), Mercadante (1996) and Cooper (2003) presented to a wider audience. Their observation in this instance was that there may be an underlying orientation away from God, that that is partly shaping decision making for everybody does seem reasonable and is augmented by Cook (2006).

Cook (2006, p.179) specified that ‘perhaps addiction, therefore, is best understood...as a facet of the human capacity for self-reflectiveness which desires to be different in the face of the experience of personal imperfection’. When understood this way, argued Cook, addiction is not really a disorder ‘but rather an aspect of what it is to be human’ (Cook, 2006, p.179). Earlier, May (1988) argued a similar point, and stated that to be alive is to be addicted. This is because he associated addictive processes not just with substance abuse but also with ‘work, relationships, power, moods...and an endless variety of things’ which may then become ‘preoccupations and obsessions; they come to rule our lives’ (May, 1988, p.3), and replace relationship with God. Therefore, argued May (1988), we all stand in need of grace, which I turn to later. The theologians discussed encouraged me to understand that the pathology of addiction is a pathology that disrupts our relationship with self, other, God and is a pathology potentially shared by us all. In the case of the participants, this pathology manifested in a particular way in relation to substance and alcohol abuse.

7.4.2 Idolatry

Flora noted that ‘*Active addiction is absolutely the antithesis of spirituality. There is not room for both*’. The participants saw how active addiction meant spirituality was impossible, which I discussed in Superordinate theme 1. For Colin, ‘*In active addition*

all those spiritual principles got completely abandoned and forgotten, and it was all about me and serving my needs and my addiction and my false Gods'. This framing of addiction as a false God/HP further nuances the argument around addiction as an orientation away from HP. The participants knew it was a substitute that would not work, yet they found themselves powerless to resist. McCormick (1989, p.147) saw this and argued that there is a 'Striking similarity between idolatry and addiction'. May (1988, p.3-4) went one step further and argued that 'addiction is the most powerful psychic enemy of humanity's desire for God' and 'makes idolators of us all'. Later on, Plantinga (1995) and Nelson (2004) both elaborated that addiction 'is about our hunger and thirst, about our ultimate concern, about the clinging and longing of our hearts, and about giving ourselves over to these things. When it is in full cry, addiction is finally about idolatry. At last, the addict will do anything for his ideal, including dying for it' (Plantinga, 1995, p.148). What is being stated here is that addiction takes priority over everything and everyone, which reflected the participants' experiences.

Colin remarked that addiction was about *'you and your substance of choice and there is no room at the end for anything else'*. He elaborated: *'[in] active addiction, we were out of God, we were our own God, and our substance was our own God'*. The only relationship left was with addiction, this took precedence over absolutely everything else, and the 'situation' of acute isolation was the consequence (Superordinate theme 1). McFadyen (2000, p.222) pushed my understanding of this process: 'idolatry has to do primarily with active relationality'. This allowed me to understand the intensity of the participants' relationship with addiction, and therefore why it came before anything else. Cook (2006, p.168) offered enrichment of this point: 'Idolatry, as worship of anything that is not God, acts to block and disorientate joy' which was exactly what happened within the addictive process. This process meant that the participants were indeed *'out of God'* (Colin), and felt an overwhelming sense of isolation and misery as a result.

In active addiction, attention is diverted from right relationship until *'nothing is working...It was almost the ultimate abandonment'* explained Markus. Idolatry helped me understand this process because idolatry concerns wrong relationship, loving the wrong thing or loving the right thing wrongly and as participants explained, this action left them feeling *'spiritually bankrupt'* (Anthony) and *'abandoned'* (Colin). Strictly

speaking, love should be of God, or one's neighbour and right love of oneself (May, 1988). Although for some participants love of God was understood by way of orientation towards their HP. I was able to grasp the misery described by the participants in active addiction on a much deeper level with the theological concept of idolatry. I saw this as a shared vulnerability in the human condition and as a theological reading of what the participants were experiencing, even though they would not all use these specifically theological terms. This concept clearly demonstrated that love of the wrong thing (substances in this case) results in an acute lack of relationship, which also means the loss of the joy that is created by these connections.

7.5 Grace and the recovery process

'I'm agnostic...but even on my most atheist days I still 100% would sign up to the idea, that the process of recovery is a spiritual movement' (Anthony). All the participants recognised the necessity of a spiritual programme to overcome the devastation wrought by addiction. Colin knew that *'addiction is a spiritual malady and therefore it clearly needs a spiritual solution'*. Flora explained that the Twelve Steps themselves *'were all about, for me, they were all about God. You know, for me they are fundamentally spiritual signposts'*. Joss agreed *'yes, spirituality is essential...and that is... what I love about the 12-step programme'*. Indeed, the TSP was explained by Marcus as all about *'the presence of God'*. This material compelled me to return to the theological resources on grace that I first discussed in Chapter 2 to interpret the recovery process. This was because there were new connections to be made from the way the participants spoke about recovery, and the way theologians have discussed grace – specifically to do with the (relational) forms that the participants' experiences had taken.

I turned to more thorough definitions of grace to facilitate this task. Mercadante (1996, p.172) explained that grace is a critical part of the suffering person's salvation, yet 'the topic of grace is a complicated one in the history of theology', and that the literature is vast. However, Mercadante (1996, p.172) argued that 'one point stands out: Grace is the presence of God' and she argued that this 'presence' is crucial within the recovery process. Mercadante (1996, p.172) elaborated that 'Grace is God's self giving. Grace as God's presence also implies relationship'. Indeed 'Grace is God's presence to us' (Mercadante, 1996, p.177). May (1988, pp.4-5) agreed that grace is the presence of

God, and it is this presence that initiates the recovery process because ‘grace...can transcend addiction...grace is where our hope lies’.

I decided that I would focus on the theologians writing about addiction, with the exception of Stephen Duffy and McFadyen. I turned to Duffy because his claim that the ‘dynamics of... grace must, of course, be viewed within the social context of human life (Duffy, 1993, p.391) was directly relevant to the experiences of HP within daily life in the data. McFadyen (2000, p.249) had enabled a much deeper understanding of the participants’ addictive processes through his work on sin, and he concluded that the problem of ‘sin can only be responsibly faced through grace’. McFadyen (2000, p.212) explained that Augustine argued that grace meant ‘the active indwelling of God’, which was relevant to the emphasis on HP in the data. Duffy (1993, p.3) explained that grace is actually ‘God’s free gift of God’s own presence and power’. Mercadante and Duffy’s definitions indicated that grace was relationship with God. Furthermore, May (1988, p.17) explained ‘grace is...God’s loving nature that flows into and through creation in an endless self-offering of healing, love, illumination, and reconciliation...and it is a gift that is often given in spite of our intentions and errors’. Duffy, May and Mercadante all argued that grace meant relationship with the presence of God, which involved love, healing, reconciliation (May, 1988) and power (Duffy, 1993). Thus, according to theological resources, the loving relationality within grace is most significant. This aspect of grace offered an immediate reflection to the focus on relationality within the data.

7.5.1 The need for grace

Flora recognised that in the same way addiction was about an absence of God, recovery was ‘*all about God*’. Colin explained that ‘*now it [life] has to be about... Step 2, my way ended in treatment, let us try something new*’. This ‘*something new*’ was working a spiritual programme which mediated the presence of HP. Cook (2006, p.169) recognised this finding and argued that Paul, Augustine and the founders of AA ‘each faced an awareness that they could not “will” themselves out of the captivity [addiction] in which they found themselves held... [hence] the need for grace’. Cook (2016) and May (1988) both argued that only God’s grace, which is ‘the most powerful force in the Universe’ (May, 1988, p.4), can heal the ‘estrangement’ created by addiction between us and God. I thought about the ‘estrangement’ from self, others and God that addiction

(explained by Superordinate theme 1) created for the participants, and the potential role of grace in healing this.

The data emphasised the estrangement suffered as a consequence of addiction. Joss explained how he '*lost a connection with people*'. The data revealed that the process of surrender was essential to combat this process: '*The only way to eventually get out of that [addiction] was to eventually surrender my own arrogance, my own ego, my own ideas*' (Ted). Once he was working a programme, this process of handing his will over meant that Ted had '*a spiritual experience... becoming aware of a power greater than myself*'. This awareness '*removes blocks within me to just see what all around me in meetings was there, in my peers, in sponsors*'. As Ted observed, the process of surrender left space for HP to make his/her/its presence felt. May (1988, p.17) helped me understand this point, and explained that 'our addictions fill up the spaces within us, spaces where grace might flow'.

Therefore, once the participants were working a programme of recovery, an absence of addiction meant that they became aware of the presence of HP, often through working the Steps and experiencing fellowship with one another. Sensing this presence enabled the removal of '*blocks*' (Ted) so facilitating the process of '*being connected to oneself and connected to others*', which Sara explained was essential to recover. Duffy (1993, p.391) explained that 'for the proud grace may come as a shattering judgment that breaks into a wilful, self-enclosed heart...thus overcoming its estrangement from God and others'. Duffy's work encouraged me to interpret the estrangement that Joss described with the concept of grace. This enabled me to understand that it was grace (the presence of HP) that 'breaks' into the 'self-enclosed heart' so removing the '*blocks*' that Ted experienced. Once the blocks were removed the participants had the 'space' for grace that May (1988) described and were able to experience the reality of being connected to self, others and HP so overcoming estrangement from HP, self and others.

Theological resources on grace facilitated new understandings that the Steps themselves were indicators of the presence of HP/God; as Colin exclaimed, '*The 12-steps, how did they come along? I mean that is a work of complete and utter genius...If that isn't God-given, I don't know what is*'. Duffy (1993, p.97) pushed my theological understanding of this process by explaining that 'grace...does not merely teach us what must be done;

it enables us to do it'. Therefore, according to Duffy grace enables us to both know and to do right. Duffy's work enriched my understanding of what happened to Joss when he explained that '*I think about them (Steps) nearly every day, they're a sort of loose garment that I wear, like a guide*' which he has incorporated '*into my daily life*'. Working the Twelve Steps meant that Joss and Colin were 'taught' (Duffy, 1993, p.97) the principles of recovery. Furthermore, Ted observed '*the foundation [of recovery] is this spiritual sense*'. This '*spiritual sense*' was experienced in many ways, but for all the participants it provided, as Ted explained, '*strength and stability*' which 'enabled' (Duffy, 1993, p.97) recovery. Reading what the participants call HP/God as grace pushed me to understand that it was the presence of HP that taught the participants to recover (through working the Steps), and this teaching enabled recovery – through encouraging kinship with self, others and HP.

7.5.2 Grace through fellowship

As Cook (2004, p.549) explained, “‘*relatedness*” [original emphasis] to God and other people’ was critical in defining and understanding spirituality, and within this relatedness there is ‘love’ and ‘connection’. The love and connection experienced within the fellowship were considered spiritual, and crucial in helping me understand that this was how participants developed a spiritual programme. This point was critical in meeting my second aim concerning how spirituality operated – it operated through relationship. Furthermore, the concept of grace was critical in meeting my third aim since the concept of grace considerably deepened my understanding of the spiritual nature of these relationships, to which I now turn. The unconditionality of the welcome and love within the fellowship sometimes mediated a sense of HP. John explained, ‘*it is that even mathematically, two people is a power greater than one, a group is a power greater than one*’ and therefore ‘*the fellowship has ended up being my Higher Power*’. Ted was in no doubts that the unconditional love, support and acceptance that he received in the fellowship mediated a sense of HP. He explained, ‘*My Higher Power was the room, it was that classic thing of the fellowship*’ (Ted). Therefore, these loving connections sometimes indicated the presence of HP. Exploration of the data with grace enabled me to see an interesting interplay between a loving HP and the participants’ experience of unconditional love within the fellowship.

The experience of meeting others in the Twelve Step fellowship continually re-created this sense of loving unconditionality because of the ongoing openness and acceptance. Markus explained how this process was *'beautiful to me. That is the presence of God'*. Flora agreed and explained how a spiritual programme allowed her *'to love others... But it also allows me to be in relationships with other people'*. This 'presence' was experienced by the participants in a variety of ways through the fellowship itself, and for Flora, Marcus and Colin through a more traditional God concept. The participants' reflections were on the role of fellowship which mediated a sense of HP through welcome and understanding – and this enabled them to develop spiritually. The Christian concept of grace makes sense of that in terms of unconditionality – the unconditionally loving God. The term unconditionality enriched my understanding of the kind of love that the participants experienced within the fellowship. Scholar C.S Lewis (1960, p.13) argued that this type of selfless love is the greatest type of love, and within love there is

‘a real resemblance to God, to Love Himself. Let us here make no mistake. Our Gift-loves are really God-like which are most boundless and unwearied in giving...their joy, their energy, their patience, their readiness to forgive, their desire for good of the beloved – all this is a real...image of the Divine life.’

There was always an openness and acceptance to whatever was going on for the participants, and this process of unconditionality within the fellowship provided a sense of HP and *'evidence of spirituality or things just falling into place'* (Anthony). The participants did not use the word grace. However, I argue that the theological concept of grace describes what they experienced through relationships with others, in the unconditionality of the fellowship, which frequently led to an encounter with HP.

McDonough (2012, p.50) further illuminated my understanding of this process and explained that recovery is ‘being loved back into one’s humanity by God’. McDonough (2012, p.50) discussed German theologian Eberhard Schockenhoff to explain how he believed grace specifically helps the recovering person:

‘God’s grace must reach all the way down into the deep strata of the person and this takes time. A human life is changed slowly in a process that is as challenging as it is hopeful. AA show the same deep understanding of how grace works when it invites the alcoholic into lifelong membership of a fellowship dedicated to recovery – one’s own and others.’

This 'reaching down of God's grace' was facilitated by close connection between the participants and the kinship built with the recovery community. Ted explained, *'I identified through the people sharing, and it helped me get through things'*. Flora explained, *'God for me exists in the spaces between the individuals in the group in some way...God for me is in these groups of people'*. May (1988, p.173) enriched an understanding of this, and explained how grace is a gift from God and 'its power comes from the love that pours forth among people, as if through the very spaces between one person and the next. Just to be in such an atmosphere is to be bathed in healing power'. Through attending meetings, working the Steps and supporting each other the participants experienced a sense of connections with self, others and HP, which the concept of grace encouraged me to understand as deeply healing and essential spiritual experiences. McDonough (2012, p.50) argued that the healing power of this grace is indisputable; indeed, 'what does cure alcoholics turns out to be exactly what cures all human beings, namely God's grace', which he explained is made accessible through the mutual support found in the fellowship of AA.

This mutual loving support (understood as spiritual) was crucial in developing a spiritual programme. Sara explained how a sense of spirituality was continually fostered by kindness shown by Twelve Step members who were interested in her: *'I felt I was being listened to and acknowledged...I remember thinking that I had kind of found a...sense of spirituality'*. Within the fellowship, Sara experienced a mutuality with others through a sense of 'commitment' (McFadyen, 2000, p.216) to her recovery, which mediated a sense of HP. McFadyen (2000, p.207) helped me to understand the significance of what Sara described: 'by love, I mean here a form of relationship founded on the particularity and integrity of the partners...their commitment and orientation to one to another, which seeks the wellbeing and perfection of the other'. This mutuality with others, argued McFadyen (2000, p.216), is a 'mark of "right relationship" with God' which created the 'loving joy' experienced by the participants in loving each other.

According to McFadyen, right relationship with God/HP equates to right relationship with ourselves, and grace enabled me to understand the more cyclical nature of recovery, and how spirituality actually operated for the participants through fellowship with each other. This process created a sense of faith for the participants, and 'in faith,

one internalises the dynamics of a God who is radically and genuinely for us' (McFadyen, 2000, p.214). 'God', Marcus explained, was someone he came to '*entirely trust*' by being part of the fellowship and working the Twelve Steps. This relationship was ruptured by the addictive process and healed through the presence of HP, which theological resources describe as grace. This 'presence' of HP was experienced by the participants in a variety of ways through the fellowship itself and loving connections therein. For Flora, Marcus and Colin a more traditional God concept assisted the development of relationship with HP, which was strengthened by good relations with others. The theological concept of grace was crucial in assisting with my second and third aims because it illuminated the importance of relationships, which were a critical means through which spirituality was both experienced and developed.

7.5.3 Grace and service

'Spirituality for me is all about connection, so I sense a connection in working with others, and helping others is very much what the [Twelve Step] programme is all about.' (Joss)

The communal care experienced by the participants frequently involved some sort of service to each other in the fellowship (Superordinate themes 3, and 5), illustrating once more how the support system offered by the TSP was, for the participants, a mutual one. Cooke (2004, p.549) recognised that '*meaning/purpose*', '*authenticity/truth*' and '*values*' [original emphasis] in life are important within spirituality, which emphasised the value of service to others and everyday human life, also discussed by Sheldrake (2012). Furthermore, 'helping/serving' were identified by Cook (2004, p.545) as being a significant part of the relatedness that he deemed crucial in understanding spirituality. The mutuality experienced through service was viewed as a spiritual process, and a means through which HP, and so in theological terms grace, was experienced. Anthony explained that '*doing things for others*' helped him understand '*what [a] spiritual life might look like*'. Sara agreed and noted that '*spiritual people are aware of being in service and are able to see the best in someone*'. This service to each other in daily life was important because '*People...remind me...this is what's important, love, God, service*' (Ted) and so through unconditional love and service a sense of love and HP are both experienced and mediated.

Cook (2006, p.135) discussed the theological significance of service/giving to others, and the presence of grace within this giving process: 'Grace is the opposite to sin, in that sin is self-centred, whereas the grace of God is manifested in outgoing love'. This love argued Cook (2006, p.135), is God's 'gift', which is also apparent 'in the divine enabling of human beings in their daily lives' (Cook, 2006, p.135). In this context, grace enriched the concept of the participants giving to each other through allowing me to see how important this service was in establishing the gift of recovery. Moreover, Cook's (2014, p.2) contrast of grace and sin further illuminated the value of sin in helping to understand the self-centredness of active addiction. These helping relationships were, Joss explained, '*very powerful*' and encouraged him '*to get honest and open*', which enabled '*allowing people in*'. Theologian Stephen Pope (2014, p.2) expanded this argument and specified that 'we can only attain true flourishing to the extent that our lives are marked by unconditional love, particularly as manifested in compassion and mutuality... [and if] we want to live well, we do best to focus less on ourselves and more on helping others'. This is because helping others requires what Pope described as a 'stripping' of the self – involving the vulnerability of honesty and openness that Joss described.

The self is 'stripped', Pope (2014, p.5) explained, 'mainly in our relationships with other people in that paying attention to them requires us to forget about ourselves at least for a time'. This 'stripping' argued Pope (2014, p.5), is both significant and important 'because it forces us to go beyond our spontaneous self-centeredness'. All the participants came to the same realisation as Ted: '*the only way to eventually get out of that [addiction] was to eventually surrender my own arrogance, my own ego, my own ideas*'. The stripping Pope described reflected the participants' need to surrender the ego-driven, grandiose addicted self. They had to peel these layers away, which they did through the process of surrender initiated by the powerlessness admitted in Step 1. This stripping, therefore, also taught the participants about humility. It is this process of humility that theologian Nonna Harrison (2010) and May (2004) argued is so important for human wellness. Therefore, theological resources recognised how giving to others frees us of the constraints of the self, and so brings us closer to the love of God/HP.

7.5.4 The consequences of grace

John explained that *'given that my spirituality is about my own morality and my own world view, um, and that if I...if my behaviours are congruent with those, then I think I am in a much better place emotionally'*. Through building a relationship with HP, the participants explained how they recovered their real selves. Flora knew that *'Spirituality is restoration of the real self self...and that is so indivisible from, erm, an innate connection for me with God. The two are not separate'*. John admitted that being in this *'better place'* had transformed his life. Therefore, the consequence of spirituality was a transformational one. Duffy (1993, p.102) explained how grace meant *'delight into freedom, new life, and new understanding'*, which was exactly how Flora, Colin and John described the recovery process. Indeed, Joss explained the TSP thus: *'Well...it only has one promise, "freedom from active addiction"'*. Duffy's work on grace facilitated a richer understanding of the new possibilities: freedom and a new life that recovery had to offer.

It was the experience of fellowship that mediated a sense of HP, which enabled recovery; a process which the theological concept of grace helped me grasp more deeply. Moreover, grace *'is medicinal...it assists with the right ordering of our loves and replaces sin with salvic choices'* (Duffy, 1993, p.99). This helped me understand how participating in the TSP allowed participants to make the ongoing choice of recovery over addiction, and as Colin explained in recovery *'spiritual principles...inform all my choices'*. These new choices allowed the *'sense of self'* Colin and Flora described to recover, and for Ted meant *'an introduction to being a human being – to me'*. This process meant self-love was possible and in turn, for Sara this self-love enabled *'Connection to myself...to one's others; connection to the environment or to something... that is around me'*. This process of connection allowed the continued *'salvic choice'* of recovery over addiction – a choice which was supported by the love and care within the relationality of the fellowship. McFadyen (2000, p.207) explained the theological significance of how the *'dynamic order of God...seeks the fullest possible expression through relationality'*. McFadyen's (2000) emphasis on the importance of love within relationships generated crucial insights about the participants' spiritual experiences. God is love; this love is expressed through the relationships he has with his creation, which brings all this creation (including us) to a state of completeness.

7.6 The Impact on my professional practice

‘The greatest event of the twentieth century occurred...when Bill Wilson and Dr Bob Smith convened the first AA meeting. It was...the beginning of the community movement...which is going to be the salvation not only of addicts and alcoholics but of us all.’ (Psychiatrist, Morgan Scott-Peck, 1993, p.150)

A Research Project Exploring Twelve Step Spirituality with Practical Theology made a distinctive contribution to my own practice. Firstly, the impact of a theological exploration of Twelve Step spirituality radically illuminated my understanding of addiction, and the relational processes required to recover. This process rejuvenated my respect for the TSP, which made me aware that I wished to change my professional life. My job in the US (described in Appendix 1) was becoming dominated by marketing and business strategies, rather than the clinical emphasis that my aims required – including how I could use my findings to help engage clients with a programme of recovery. Moreover, I witnessed the spiritual emphasis of the Minnesota Model diminishing because of the increasing use of other therapeutic models, which meant the ‘dilution of AA spirituality by therapeutic ideas’ (Travis, 2009, p.172). I reflected on this, and I was increasingly aware that I had started my training in 1993 to help persons suffering with addiction and my role counselling this client group was my professional priority.

My studies, aims and subsequent findings prompted a desire to become part of a Twelve Step professional community in the UK. Theological assessment of Twelve Step spirituality confirmed how important it was in a programme of recovery. I needed a workplace with an emphasis on Twelve Step recovery and its spiritual emphasis, where I could utilise my findings more fully. To this end I accepted a job in 2019 with Start2Stop rehabilitation centre. Here, the client group consists of those suffering with addiction and the Minnesota Model is used to work a comprehensive treatment programme. Clients are expected to attend a minimum of two Twelve Step meetings a week, are encouraged to find a sponsor and have a service position at meetings. I facilitate between two/three weekly therapy groups, a weekly workshop and I have a small caseload of individual clients; together we work through the first three Steps. As discussed, I have been using the Minnesota Model for some years; however, my studies have prompted me to use different language with clients, and I have introduced new ideas, and workshops, which I turn to explain.

As Mercadante (1996) and McFadyen (2001) observed, the word sin is used rarely. I will continue my practice of caution because of the moral evaluation it suggests. However, the participants' insights directed me to theological resources for thinking about sin differently, and it radically enhanced my understanding of the desolation and isolation of addiction. McFadyen explained how sin was indicative of ruptured relations with self, others and God. I use the words ruptured and fragmented to describe the broken relationships that clients endure as a consequence of their addiction, indeed my findings have encouraged me to be much more aware of the relational fragmentation within the addictive process. I have developed workshops on 'Blocks to Recovery'. A theological exploration of Twelve Step spirituality has significantly shaped my understanding of what creates these blocks. Of great significance was the concept of sin, which includes the dangers of wilfulness and isolation. I use this new language in the workshops, and regularly include the word 'wilfulness' in the importance of the right 'alignment' of the will, and how addiction is about the 'misalignment' of this will, 'fractured' relationships and 'aversion' to self, HP, and others.

Twelve Step expert Pia Melody (2003, p.13) explained how making a substance 'our Higher Power is, I believe, the heart of...addiction'. This stance was considerably illuminated by the concept of idolatry. Having established through the data that active addiction meant that participants were '*out of God*' (Colin), I have developed a workshop which reflects these findings: 'Addiction – a false idol' and use material from my theological studies, alongside more traditional Twelve Step material. I explain how the concept of idolatry involves putting other objects or persons before God. The concept of idolatry illuminates an understanding of the addictive process because addiction and idolatry both involve a process that traps individuals in an exclusive relationship with the idol. This process means that other important areas of life are neglected, including relationship with self, others and HP/God. The workshop emphasises how past behaviour in active addiction needs to be matched by the prioritising of recovery today. Therefore, it is essential that time is carved out for meetings and fellowship with other recovering persons which offer protection against the return of this 'false idol' (addiction). So far, the similarity between the addictive and idolatrous processes have been positively received. However, I remain very sensitive to both the inclusive nature of the TSP and the religious/cultural orientation of clients, and therefore discuss difficulties any clients might have with this terminology.

To mitigate this addictive process and the attendant lack of relationship, my research established that the participants needed relationship with self, others and HP in a programme of recovery. Indeed, to recover ‘we need to develop an appropriate relationship with an appropriate Higher Power’ (Melody, 2003, p.14). Recovery involves realigning our will with that of HP, which results in a transformation of our relationships with ourselves, others and HP. These processes need to be developed so that clients can improve their conscious contact with God as they understand ‘Him, praying only for knowledge of his will for us and the power to carry that out’ (Alcoholics Anonymous, 2014, p.8). The themes of connection, fellowship and relationality within the data were considered very important in the recovery process, and I have enriched these theological resources with psychological research, which has developed an understanding of the therapeutic value of Twelve Step spirituality – which I turn to explain.

The therapeutic value of the ‘transcendent’ (Cook, 2004) HP was validated by psychologist Dr Aldi Jaffe. Jaffe (2018, p.3) explained that ‘Some people have seen having a higher power as giving them something to belong to that is stronger than themselves’. This is important, argues Jaffe, because this connection brings an isolated person back to the realisation that they’re not alone, which through connections with self, others and HP was exactly what the participants experienced. Therapeutically, this process is valuable because during the early steps of a recovery it means starting ‘to build a relationship with yourself and others...[and] If your spirituality brings you to a place where you commune together, it can be even more powerful’ (Jaffe, 2018, p.3). Jaffe (2018, p.4) concluded that these connections are what is ‘needed in the lives of many an addicted person who may be struggling with self-loathing and isolation’ – which was exactly the process described by the participants.

Theological resources pointed to the importance of relationship, which also encouraged me to consider the relational work of psychologist Dan Mager to assist with my understanding of the therapeutic value of Twelve Step spirituality. Mager looked to psychoanalyst D.W. Winnicott who ‘viewed relationships and interactions with other people, along with how individuals saw themselves’ through ‘their most important relationships, as the key factor in healthy development’ (Mager, 2013, p.12). Winnicott

(Mager, 2013, p.12) argued that a key part of the therapist's task is to create a holding environment that assists the client's 'growth and development'. Winnicott (1965, p.219) explained that 'the infant is held by the Mother, and only understands love that is expressed in physical terms, that is to say live human holding'.

Mager's argument was that Twelve Step meetings through love, fellowship and support create this substantial 'holding' environment. 'By generating the experience of being emotionally "held" in these ways, the environment [meetings] facilitates healthy physical, mental, emotional, and spiritual development' (Mager, 2013, p.12). Mager (2013, p.13) argued that this holding environment is particularly important for those recovering from addictive illness because 'being on the receiving end of unconditional positive regard, of feeling accepted for who one truly is, is powerfully cathartic. For those afflicted with addiction, it is a profoundly therapeutic experience'. It was this experience that was perceived as so spiritual by the participants and was so enriched by the theological concept of unconditionality. With clients, I now focus with renewed understanding on the importance of a loving, accepting fellowship, and use the term unconditionality to explain and discuss the loving welcome awaiting recovering persons therein.

My therapeutic understanding of these key relational processes – deemed as spiritual by participants – was critically ameliorated by the theological concept of grace. I have on occasion used the word grace to denote the loving presence of HP. My findings encouraged me to research and grasp the breadth of this concept (grace), which in turn allowed me to understand how in the data, relationship with HP was mediated through relationship with one another and through the fellowship itself. Building on from this, I have written addiction workshops whose titles are directly influenced by my studies, and include, 'A Space for Grace', 'Compassion and Care' and 'Surrender and Service', as well as 'Relationship with HP' and 'Soul Food' (the point being that relationships and HP feed the soul better than addiction ever did). In addition, I am influenced by Swinton's (2000) theological work when considering these themes. I borrow his use of the words 'care', 'friendship', 'community', 'relationship' and 'transformation' (2000) to help explain to clients the relational activity within the recovery process. My findings have therefore encouraged more discussion on the different components that, according

to theological resources (Harrison, 2010), create healthy relationships, including respect, service, worth, care, friendship and love.

This therapeutic value of Twelve Step spirituality recalls the argument discussed earlier, made by May (1988), Mercadante (1996) and Cooper (2003) for the relevance of ongoing Twelve Step support to a wider audience. My theological exploration has deepened my understanding of the addictive process through the concept of idolatry, which has enriched my knowledge of the therapeutic value of the Twelve Steps. Twelve Step counsellor Elizabeth L (1988, p.8) explained how ‘We can sell our souls to ice cream or to alcohol or to the corporation or to the wrong relationship. None of these will take care of us...not even the right relationship will do that’. I am currently reviewing and enriching my knowledge about how the Twelve Steps can be applied to these other situations, including those at work, in relationships, money and sexual compulsivity. I used to send clients primarily to NA and AA. I now advocate a wider range of TSPs, because my findings illustrate that the therapeutic value of Twelve Step spirituality is relational, which is critical in the recovery of the self from the idolatrous process of the addictive behaviours.

What I have also discovered is that understanding theological concepts, including those of sin, grace and unconditionality, does not demand a relationship with an exclusively Christian God. I believe that these concepts are seeking to speak to a universal experience of the human condition, which the participants (and indeed clients) experience in a particular way. This discovery taught me that addiction provided a means whereby invaluable life lessons are learned, especially about the need for connection with self, others and HP. Furthermore, research on my epistemological stance encourages me to discuss with clients how no experience (including addiction) is ever wasted, and a means whereby valuable knowledge is created.

Another way that my practice was impacted by my theological studies, including my individual counselling work, was by my role as researcher. Tracy (1987, p.9) explained, ‘interpretation seems a minor matter, but it is not. Every time we act, deliberate, judge, understand or even experience we are interpreting. To understand at all is to interpret’. Tracy (1987) suggested that every encounter involves interpretation, and my interest in

this was developed by role as researcher. Mauthner and Doucet (1998, p.143) argued that

‘We never claim to have captured the pure, real...or authentic ...experiences or voices of our respondents because of the complex set of relationships between the respondents’ experiences, voices and narratives and the researcher’s interpretation and representation of these experiences /voices /narratives’.

This is also true of my role as counsellor. Although I listen attentively, the bias that I described earlier means that I am not capturing exactly what was said, but I am interpreting what is said with this bias. My role as researcher made me keenly aware of what I bring into the therapeutic room, in spite of my best efforts to remain neutral. To mitigate this bias as best I can, I continue to use my Rogerian counselling skills.

7.7 Meeting my aims

A Research Project Exploring Twelve Step Spirituality with Practical Theology demanded a definition of spirituality which led me to explore what spirituality meant within different contexts. Cook’s (2004, p.550) definition understood spirituality as ‘a distinctive, potentially creative and universal dimension of human experience’. This definition was very important in assisting my first aim, which was to understand how those working a TSP understood spirituality. Spirituality in the data was understood through relational experiences with self, each other and HP. Cook (2004, p.547) identified 13 ‘conceptual components...in frequency of occurrence, the ‘*relatedness*’ and ‘*transcendence* [original emphasis]’ components would appear to be the most important’. This finding met my second aim, which was to understand how spirituality operated for those in recovery – it operated through these relationships a sense of relatedness with self, others and a transcendent HP. Theological resources encouraged an interpretation of these relational processes with the theological concepts of grace and sin. This interpretative activity led to a much deeper understanding of the relational significance of these spiritual experiences. This encapsulated my third aim of understanding these spiritual processes more deeply using theological resources.

This knowledge has helped with my final aim, which was how I can utilise my findings to assist clients’ engagement in recovery programmes. This aim was centred on using these findings to assist clients in engaging in a meaningful programme of recovery. My findings made it clear that to achieve this, a change was required in my professional

practice to the more clinically orientated role discussed. My new role as group/workshop facilitator means being actively involved in the relational activity which emerged from the study as being a crucial aspect of spirituality. I encourage this relational activity through the workshops discussed, regular fellowship activity, and care and attention to a client's familial, social and professional relationships as well. This relational activity in recovery was critically illuminated by a theological exploration of Twelve Step spirituality, in particular by the theological concept of grace, which was understood as the presence of God. This knowledge made a significant contribution to my professional practice, and how I understood the therapeutic value of Twelve Step spirituality.

7.8 Conclusion

‘The more we understand how enslavement happens to us, the more we may be able to turn in the direction of freedom and love.’ (May, 1988, p.41)

Using spiritual terms, the participants explained how it was to be a person suffering from addictive illness, which they framed as spiritual in both addiction and recovery. Theology emphasised that experience is a site of theological meaning, and the literature disclosed that spirituality specifically was experiential, hence the crucial role played by the participants. The actual language within the data was theologically freighted. Self-will, lack of relationship and lonely isolation in active addiction were enriched immeasurably by the concept of sin. Grace radically enhanced an understanding of relational resources – including the unconditional love and acceptance that emerged from my study as being spiritual and deemed as vital in a programme of recovery. Therefore, I was encouraged to utilise theological resources as a way to better grasp and interpret the participants' understanding of their spiritual experiences. These new understandings were crucial in the creation of fresh insights which would considerably enrich, and indeed change, my professional practice. It was of immense value to read my data theologically because theological resources enabled me to understand how spirituality is experienced and defined within these relational processes; how these processes are created and maintained; and crucially, how they may be taught and made operational through a programme of recovery.

Chapter 8:

Conclusion

‘In this book [Alcoholics Anonymous] you read again and again that faith did for us what we could not do for ourselves.’ (Alcoholics Anonymous, 2001, p.70-71)

8.1 My professional context and the research question

My research question, *A Research Project Exploring Twelve Step Spirituality with Practical Theology* arose from my professional context as an addiction counsellor. My aims were to investigate:

- How spirituality was defined/understood by those in a Twelve Step programme.
- How spirituality was experienced, and how it operated/was operant in recovery.
- How theological resources help me understand these spiritual experiences more fully.
- How I can utilise my findings to assist clients’ engagement in recovery programmes.

I was looking to discover how spirituality was understood in the TSP, how it was experienced, how theological resources could help me understand these experiences, and how I could use this knowledge to inform my professional practice. My first aim was met by the discovery that the participants understood spirituality through experience, and these experiences centred round relationship with self, others and HP. The second aim was met by the discovery that relationship was the means through which this spirituality operated for the participants. The third aim centred round theological resources, and how they illuminated my understanding of these relational processes. Theological resources made a distinctive contribution to my knowledge because they illustrated that these relationships worked through grace, care, love, service, friendship, love, mutuality and unconditionality. By contrast, the concept of sin radically enhanced my understanding of addiction, and the devastating experience of ‘misrelation’ (McFadyen, 2000, p.222) and radical isolation therein.

As discussed, these findings rejuvenated my respect and admiration for the TSP. Theological assessment and interpretation of these findings confirmed to me that

relationship with self, others and HP is crucial for a successful programme of recovery. This new knowledge prompted a change in my professional practice. I made a decision to focus solely on clinical work, so meeting my final aim of assisting clients' engagement with a recovery programme. In this chapter I look at the contribution to knowledge made by each chapter and offer ideas for future avenues of study.

8.2 An overview of the thesis and contribution to knowledge

Brouard (2015, p.150) explained that 'the research project should contribute to knowledge in two main areas: practical theology and the student's own context and practice'. My contribution to knowledge was supplied by my response to the research question: *A Research Project Exploring Twelve Step Spirituality with Practical Theology*, which I now discuss, and a precis of each chapter is offered. The Introduction provided an historical overview of the Twelve Step programme. This was important in framing my research question because it revealed how the TSP is fundamentally a spiritual programme in response to a spiritual understanding of addiction. I discovered that theological resources recognised the value of spirituality and its critical role in our 'lived experiences' (McCarthy, 2000, p.196). The theologians discussed offered rich interpretations of these experiences including 'what we can discern about God's activity in the midst of suffering' (Cooper-White, 2014, p.24), and the importance of daily contact with God (Sheldrake, 1987). This mirrors vital Twelve Step concepts, namely the value of our experiences including suffering, what these experiences teach us (Kurtz, 1991) and the importance of daily contact with a God of our understanding (Alcoholics Anonymous, 2001).

Chapter 2 explained in more detail spiritual aspects of the TSP, and the growing relevance of spirituality in the field of healthcare today. I looked to definitions of spirituality within the TSP and healthcare. I also turned to define religion as a separate category, and how this category may impact a person's spirituality. The work of Cook (2004) was critical in seeing that experience and relationship are important in defining the concept of spirituality, and his definition helped shaped the project. I was concerned to explore spiritual experiences and to see how spirituality was at play within these experiences in the TSP.

A Research Project Exploring Twelve Step Spirituality with Practical Theology directed me to the work of theologians who had written on addiction, including May (1988), McCormick (1989), Mercadante (1996), Cook (2006) and McDonough (2012). Their work illustrated how the theological concept of sin enriched an understanding of the self-willed and ultimately lonely experience of addiction, whereas grace was about the love of God and how this transcended addiction. In addition, I reflected on the importance of the theological understanding of unconditional love, and how through relationships with self, others and God/HP, the addictive process was arrested.

In Chapter 3, I considered the priorities of my own thinking and practice that shaped why and how I went about this research enquiry. The emphasis on the value of experience was evident in my choice of IPA as a methodology, which I explained in Chapter 4. I required a methodology that focused on the experiences of a particular group of participants, to whom the research question was meaningful, so ensuring rich data. Although IPA recognised the importance of hermeneutics, the focus was always on the experiences described. Chapter 5 explained how I conducted the interviews and the importance of my role as researcher – which was a very different one to my role as counsellor. I considered the interviews as living human documents, and these documents generated a theological exploration of the spiritual experiences described. In turn, this was reflective of my epistemological stance: how experiences (of the participants in this context) were/are key in the creation of important knowledge.

Chapter 6 presented the research data and the key findings on the importance of relationships with self, others and HP. Chapter 7 discussed the outcome of *A Research Project Exploring Twelve Step Spirituality with Practical Theology*. Chapter 7 revealed how the participants frequently understood their spiritual experiences in relational terms. The theological concepts of grace, unconditional love, care, friendship, mutuality and service illuminated my understanding of vital aspects of the recovery process in the fellowship. Conversely, the contingent yet radical and shared character of sin as disordered loving provided an important insight into how participants understood their own addiction. Therefore, what was new was how theological interpretation helped me make sense of how the participants made sense of their experiences through the conceptual frameworks of sin and grace. This theological assessment revitalised my

relationship with the TSP and re-shaped my professional practice, returning to a primarily clinical role in order to be able to implement these findings.

8.2.1 In what ways has my research made an original contribution to practical theology?

A Research Project Exploring Twelve Step Spirituality with Practical Theology revealed the importance of theological resources in helping understand how spirituality is both defined and experienced through working the Twelve Steps. Tracy (1987), Sheldrake (1987) and Hess (2014) all argued for the relevance of theology as a means of understanding contemporary experience. Tracy (1987) explained that despite the acknowledged nature of theology as an academic study, he was concerned about creating and presenting authentic forms of public inquiry into a subject (theology) he regarded as being of particular relevance to contemporary thought. I argue that my research develops his argument by reversing it. In this instance, my theological enquiry into addiction revealed the relevance of theological resources in helping us understand contemporary experience. This point validated the argument posed by May (1988), McCormick (1989), Mercadante (1996) and McDonough (2012). What these theologians described as ‘sin talk’ has an important role to play in helping us understand the contemporary experience of addiction.

In Chapter 5 I discussed the concept of the living human document, which in this case was a group of recovering persons – a group that has not traditionally shaped such discourses nor indeed been heard in the theological academy before. My research revealed that their experiences were the means whereby important theological understandings of the human person were articulated. Chapter 7 revealed that although the participants did not use the words sin and grace, these theological concepts offered a radical interpretation of the participants’ descriptions of active addiction. *A Research Project Exploring Twelve Step Spirituality with Practical Theology* revealed that the issue was primarily a relational not a moral one. What I mean by this is that sin and addiction both involve turning away from right relations with God/HP, self and others. Theological exploration of my findings enabled me to discover how the participants pursued recovery through relational processes. The theological concept of grace helped a deeper interpretation of the recovery process, including the restoration of relations with others, self and God/HP – which as discussed (Mager, 2013) significantly enriched

my understanding of the therapeutic value of Twelve Step spirituality. The concepts of sin and grace in this context revealed the value of a theological exploration of spiritual practice.

8.2.2 Contribution to my professional practice

The theological resources provided by the concepts of sin and grace were particularly influential on my practice and critically enhanced my understanding about the relational nature of the human. Therefore, theological assessment of my findings has shaped my professional practice, which now uses theological understandings. What I mean is that theological language on love, mutuality, unconditionality, friendship and care has helped me to understand what processes are at play for the participants in the recovery process. These findings have been incorporated into my counselling work – both the content (workshops) and in the language I use. Mercadante (1996), McFadyen (2000) and McDonough (2012) invigorated my understanding of the concept of sin, and my findings have helped me rediscover the value behind ‘sin talk’ (McDonough, 2012, p.39).

Therefore, Christian theology and the Twelve Steps offer each other considerable reinforcement, which is invaluable in treating addiction and, potentially, human fallibility more generally. Developing Twelve Step spiritual principles with the theological concept of sin and grace was revelatory and resulted in a rejuvenation and change in my professional life. I have returned to a primarily clinical role so that I am able to implement my findings round the importance of relationality within the recovery process. As discussed, this is achieved through working with clients in groups and individually. I have become increasingly sure that strengthening clients’ spirituality through relational processes and the Twelve Step community is the priority within my professional practice.

8.3 Further research

The section on contribution to knowledge argued an important case for how theological concepts enriched Twelve Step teachings – notably the concepts of sin and grace. I suggest that these relational issues are critical in mental health more generally. Rohr (2016), who I discussed more specifically in Paper 1 (Appendix 1), explained that we are not independent and exist through relationships. Cooper (2003) also argued for the

importance of relationality, notably within the therapeutic frame, and how this process can be enriched with the theological concept of grace. A study of how grace could illuminate the Rogerian core conditions and the therapeutic relationship could also be a fruitful area for future study. As discussed in Chapter 3, Kahn (1997) argued for the vitalness of a good therapeutic alliance for effective psychotherapy, so study in this area is most important. The arguments posed by Cooper (2003) and Rohr (2016) add weight to Mercadante's (1996) recognition of the implications of the TSP for a wider audience; she suggests that the metaphor of sin helps us to understand the dangers of isolation and the need for God's grace, which is mediated through relationships with others. I can see on one hand how Mercadante's (1996) argument could be construed as an overgeneralisation. Yet on the other, her argument on the importance of relationality adds weight to the healing significance of relationships within the fellowship, and potentially healthcare more generally.

My research pointed to an ever-increasing need for the provision of spiritual care in the NHS, as discussed in Chapter 2. Wattis, Curran and Rogers (2017, p.3) explained the importance of 'spiritually competent practice'. They argued that this involved good relationship, which was valuable in its own right and also fostered the ability to reconnect with a community (Wattis, Curran and Rogers, 2017). The importance of community and relationship were also recognised by Raffay, Wood and Todd whose 2016 study (Chapter 2) pointed to the need and importance of 'fellowship' in combatting the potential isolation of mental illness. Theological resources could be of very real help in implementing this spiritually competent care within the treatment of addiction, and healthcare more generally. For example, Swinton's (2000) work would be highly beneficial in providing strategy and information on how HCPs can develop better relationships with their clients. The action of listening to, helping and giving time to clients reveals the love, care and compassion that Swinton argued are fundamental to human relationships. Furthermore, belief in a Christian God is not an essential prerequisite for being able to grasp the richness of this Christian teaching. This education is open to all – whether an atheist or from another religious tradition. This is because it seeks to speak to a shared human condition, even though these resources arise from a particular tradition.

‘As persons made in God’s image, we are invited by grace to participate in God’s virtues, such as justice, wisdom, humility, compassion and above all love’ (Harrison, 2010, p.188). The virtues of love, compassion and humility that Harrison describes are evident throughout the data, notably through the actions of care and service (Chapter 7). A more thorough theological exploration of the other theological virtues that Harrison discussed would potentially create a richer understanding of the qualities that may encourage a strong recovery process. Moreover, reflections on my enquiry led me to realise that the Twelve Step application of spirituality to everyday life was advocated first by Saint Ignatius (Sheldrake, 2012) and this parallel has already been observed (McDonough 2012). Sheldrake (1987, p.67) explained how Ignatius’ own experience revealed that when we become totally grounded in the fact that we are loved by God because he is ‘faithful and trustworthy’, we start to experience a sense of inner freedom. Additionally, theologian Ronald Modras (2004) explained that helping others and service are critical elements of Ignatian spirituality. Therefore, Ignatian spirituality and the Twelve Steps share key concepts: the importance of relationship with God, a practical spirituality and service. A study exploring the mutuality between the Twelve Steps and Ignatian spirituality could provide rich findings for both.

Finally, listening to a story is about bearing witness, which I discussed in Paper 2 (Appendix 2). Holocaust survivor Elie Wiesel’s (1958) suffering has created a commitment to witness his own truth (Paper 2, Appendix 2). This is exactly what I heard the participants doing; they shared the suffering in their own stories which was simultaneously witnessed by them, and others. Cooper-White (2014, p.29) recognises that ‘the practice of witnessing is sacred. By serving as a witness to another’s suffering...new words, narratives and meaning emerge in the context of a relationship where both partners can be truly seen and known’. This process of witnessing each other’s story facilitated transformation for the participants because the process of witnessing enabled them to know they were no longer alone and were ‘seen’ and ‘known’ in the fellowship. Srdjan Sremac (2014), in religious studies, and Ruud Ganzevoort, in practical theology, (2013) enriched my understanding of this transformation. They argued that this ‘re-narrativization’ created the hope/possibility of change that John, Markus, Joss and Anthony discussed. Sremac and Ganzevoort (2013) described the addict’s story as a testimony, which is a key instigator of spiritual change. Further research on how theological resources illuminate the importance of story in the

recovery process could be of benefit to those working a recovery programme and those treating them.

8.4 Conclusion

A Research Project Exploring Twelve Step Spirituality with Practical Theology enabled me to discover how participants *themselves understood their addiction*, which provided invaluable insights into their particular spiritual experience of addiction and recovery. I learned that sin was not about blame, but rather a shared experience of fractured relationships and human failure to seek relationship. Theological commentary argued that God's grace is the gift of his presence to us, and grace enabled me to understand that relationship with others was a spiritual experience because it mediated a sense of HP/God. These spiritual experiences were considered essential for recovery, and within these experiences existed unconditionality, a character of mutual service, care and love – the means whereby this sense of HP was mediated. Furthermore, the contribution made by this study created essential insights about how addiction was experienced, and therefore what my practice needs to respond to. My theological studies changed the focus of my work to a purely clinical one because they created a new-found respect for the TSP and its spiritual principles. Today my group work and individual counselling contains material from my studies, including information on wilfulness, unconditional love, fellowship, relational fragmentation/disconnection, and how relationship is strengthened through, care, unconditionality, friendship and love. The influence wielded by these theological resources was exceptional and continues to exert a considerable influence on both my personal reflection and professional practice.

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Appendix 1:
**Paper 1: An Exploration of Spiritual Components of the
Twelve Step Programme, and How Practical Theology May
Enrich Our Understanding of Them**

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An Exploration of Spiritual Components of the Twelve Step Programme, and how Practical Theology may enrich our understanding of them

Abstract

This paper aims to explore the resource provided by spirituality in the Twelve Step programme of Alcoholics Anonymous (1939). The Twelve Step programme is often considered therapeutically insubstantial, with its emphasis on spiritual principles somehow indicating a lack of academic rigour and therapeutic efficacy. This paper aims to enrich theological understanding of the Twelve Steps by examining evidence of Twelve Step spiritual principles in traditional theological texts, and indeed in the more recent work of practical theologians. The context provided by my professional workplace, Cottonwood treatment centre in Tucson Arizona, reflects important components of the Twelve Step programme in its own therapy programme: spirituality, community and action, I propose to look at in some detail, and explore how they enrich understanding of spirituality as a whole in the Twelve Step programme.

1. Introduction

The word addiction is viewed with anxiety amongst some mental healthcare professionals because drug and alcohol abuse are considered notoriously difficult to treat. In addition, commonly held beliefs in the psychiatric field are that addiction counsellors are unprofessional and poorly qualified, and often base their counselling on their own experience of recovery (Trimpey, 1989). In terms of specific programmes, the Twelve Step programme (practised in Alcoholics Anonymous, Narcotics Anonymous and other Twelve Step Programmes worldwide, hereafter AA, NA, and TSP respectively) is often considered to lack therapeutic rigour and its inclusion of spiritual principles to be unsubstantiated and lightweight.

This paper explores my mental healthcare practice as the context for this (2.1-2) and reconstructs the criticisms of AA (2.3) with a view to providing a richer theological understanding of the spirituality of the TSP (3-4). Specifically, spiritual language in Twelve Step literature is opened up and enriched by the emphasis on the spiritual self in theological sources such as Augustine (Taylor, 1989) as well as recent commentators such as Richard Rohr (Rohr, 2011), Brian Thorne (Thorne, 2000) and Charles Taylor (Taylor, 1989). Work within the discipline of practical theology also argues for the theological significance of a spirituality grounded in everyday events, which mirrors important Twelve Step characteristics.

1.1 A definition of addiction

For the purposes of this paper the term ‘addiction’ describes a person who is suffering from a dependency to drugs and/or alcohol. This basic description is enriched by the contributions of psychiatrist and theologian Gerald May, who suggests that addiction is compulsive, habitual behaviour that limits an individual’s freedom. Addiction:

‘...exists wherever people are internally pushed to give energy to things that are not their true desires. To define it directly, addiction is a state of compulsion, obsession or preoccupation that enslaves a person’s will and desire. Addiction side-tracks and eclipses the energy of our deepest truest desire for love and goodness.’ (May 1988, p.14)

The language used by non-theological practitioners can also reflect this lack of freedom. Psychiatrist Philip Kavanaugh (1992, p.63) acknowledges that addiction is much more than simply being hooked on substances. He considers craving, enslavement and obsession to be synonymous with addiction, and believes a great deal of addiction is about ‘misdirected energy’. Linda Schierse Leonard (1989, p.4), a Jungian analyst, is

clear that ‘alcoholism is a physical, mental, and spiritual disease. A process takes place in the body and psyche of an alcoholic so that he is no longer predictably in control if he takes the first drink’. Leonard (1989, p.4), continues that ‘the Latin for an addict is *addictus*, which means to devote, surrender, deliver over or give oneself up habitually’. These definitions highlight the multi-faceted character of addiction: it is an illness that effects mind, body and spirit and therefore appropriate treatment must pay attention to all these dimensions. The significance of lack of freedom as characteristic of addiction will be of particular importance when I consider theological sources on selfhood as an enrichment of Twelve Step language.

1.2 A definition of spirituality in addiction literature

The approach taken by AA emphasises the significance of the spiritual and encourages individuals to find a definition of spirituality that works for them. It is the responsibility of each recovering individual to discover and build a spiritual consciousness; it may be found in nature, music, writing, the power generated by a group of recovering persons or in the power of sobriety itself (Alcoholics Anonymous, 2001). How this relates to formal religious identity is an area of debate. Joseph C. Martin, priest, recovering alcoholic and founder of Ashley Treatment Centre in Maryland, USA, recognises the powerful empathy that the shared experience of addiction may generate. Martin suggests that some individuals may strengthen or build spirituality through an already present, fixed belief system (Maher, 1997). Martin defines the essence of spiritual life as building a belief that there is a good energy in your life and learning how to work with it (Maher, 1997). By contrast, William R. Miller, an American psychologist suggests that a growing disillusionment with religions may actually block spirituality (Miller, 1999).

Within the AA framework it is worth noting that agnosticism is not perceived as necessarily contradicting spirituality (Alcoholics Anonymous, 2001), and a Twelve Step guide was published completely omitting the words God and Higher Power (Members, 1975). The TSP focuses on how spirituality might be used to name the actual experience of its members. It describes how many Twelve Step fellowship members find that they have tapped an unsuspected inner resource that they identify with their own conception of a power greater than themselves. AA (Alcoholics Anonymous, 2001, p.46) explains, ‘we found that as soon as were able to lay aside prejudice and express even a

willingness to believe in a Power greater than ourselves we commenced to get results, even though it was impossible for any of us to fully define or comprehend that Power'. AA (2001 p.44) suggests that 'alcoholism is an illness which only a spiritual experience will conquer'. The importance of this issue is given further weight by the *Big Book's* (Alcoholics Anonymous, 2001, p.55) supposition that a God 'concept' resides deep down in every person. The TSP proposes that it is essential for this concept to be realised if recovery is to be successful.

From the perspective of psychology, it is no surprise that Carl Jung is discussed at some length in the *Big Book of AA* (2001). *The Big Book* (2001) describes how Jung believes that some alcoholics have had vital spiritual experiences, and how ideas, emotions and attitudes which were once the guiding forces in their lives are suddenly cast to the side and a completely new set of conceptions and motives begin to dominate them. Jung and Wilson believed these vital experiences provided an exit to active alcoholism, and both are clear they are critical to successful recovery and that therapy and spirituality should work together as both practise the cure of souls (Alcoholics Anonymous, 2001).

2. My professional context

2.1 Cottonwood Treatment Centre

Cottonwood is a key place of practice for me. It is an Arizona based mental health treatment centre which treats a wide spectrum of psychiatric disorders including addiction. The current owner and manager Brian Welch approaches the organisation explicitly in light of his family's open adherence to the Christian tradition of giving and supplying help where they are most able. This is articulated as right action in response to human need and although a commercial enterprise, profit is not the overriding goal of the centre.

Welch emphasises a holistic approach to treatment. The official online description of Cottonwood (Cottonwood Tucson, 2013) declares that 'at Cottonwood our philosophy of care presumes that physical emotional and spiritual aspects of life are closely interconnected and equally important to the overall health and wellness of a human being'. Psychiatrists treat the mind and doctors, nutritionists (including a chef) and exercise psychologists care for physical health. Therapists specialising in Eastern spiritual practices including, *chi-qigong* yoga and mindfulness (based on the

mindfulness practices in Buddhist meditation), are employed in addition to those skilled in the more traditional schools of addiction, trauma and depression.

2.2 Twelve Steps

The TSP is an essential part of Cottonwood's addiction programme. The Twelve Steps that create the working programme of AA are a set of principles designed in 1939 by recovering alcoholics Bob Smith and Bill Wilson to help the individual achieve sobriety and stay sober. These principles are described at length in the first and most influential text of Alcoholics Anonymous, *The Big Book of Alcoholics Anonymous* (2001), which has been adapted for other Twelve Step fellowships: for example, Narcotics Anonymous (NA). The Twelve Step (Narcotics Anonymous, 1993, p.5) approach indicates that addiction is a disease that affects us in the following ways: 'mentally, we become obsessed with thoughts of using. Physically, we develop a compulsion to use, regardless of the consequences. Spiritually, we become totally self-centred in the course of our addiction'. Thus, recovery also has to target all these areas; this is reflected in the holistic approach advocated by Welch at Cottonwood.

Steps One to Three (Alcoholics Anonymous, 2014, p.21) encourage individuals to look at the 'unmanageability' addiction has wrought in their lives, their inability to control it, and the importance of a Higher Power in helping manage their affliction. 'Our admissions of personal powerlessness finally turn out to be the firm bedrock upon which happy and purposeful lives may be built.' As noted above (1.2), this Higher Power need not be God 'when therefore we speak to you of God, we mean your own conception of God' (Alcoholics Anonymous, 2001, p.47). Steps Four and Five reiterate the necessity of being honest about all the consequences (emotional, spiritual and physical) of active addiction. Steps Six and Seven involve looking at character defects and being ready to move beyond them. Steps Eight, Nine and Ten demand that amends are made where necessary, and a regular emotional inventory is kept. Steps Eleven and Twelve involve the significance of a spiritual awakening, and the willingness to carry all the principles described into all areas of the recovering person's life.

2.3 Criticism of Alcoholics Anonymous and the Twelve Step programme

Health journalist Nikolas Bakalar (Bakalar, 2006) wrote in *The New York Times* that AA does not help everyone, and he is not convinced that there is any conclusive proof

that it does work. However, in his article he quotes Edward Nunes (cited in Bakalar, 2006), a clinical psychiatrist at Columbia: ‘some of the wisdom embodied in AA is effective, such as persons, places or things that may trigger drinking...this is part of cognitive therapy, which is a scientifically driven empirically validated treatment’. Nunes (cited in Bakalar 2006) concludes that ‘AA has helped a lot of people...there are a lot of satisfied customers. On the basis of that we have to take it seriously’. Journalist Hal Arkowitz (Arkowitz, 2011) writes that ‘data suggests that AA may be helpful... the wide availability of meetings and the lack of expense mean that AA is worth considering for many problem drinkers.

Jack Trimpey (1997, p.10), a social worker, goes further, arguing that chemical dependency counselling is actually, ‘created by AA...as a group they are poorly educated and do not demonstrate the skill and poise of professionals. Clients, he (Trimpey, 1997, p.1) continues, ‘are defined as fundamentally defective lacking in sound judgment and riddled with character defects. Trimpey goes on to describe AA as cultish, religious not spiritual, dogmatic, authoritarian, exclusive and manipulative. Trimpey was so appalled by AA that he created the concept of Rational Recovery in 1986, rooted in cognitive therapy. It is specifically the significance of spirituality as part of the AA programme that I will be exploring more thoroughly through various theological resources during the next section of this paper.

3. Analysing the Twelve Step programme

There are three key aspects to the Twelve Steps as they are used within my professional context: spirituality as such, which I will consider first, and community and action which I will treat together.

3.1 An introduction to Twelve Step spirituality

Both AA and Cottonwood view spirituality explicitly as a cornerstone of recovery, yet at the same time there is a therapeutic responsibility not to impose a particular world view. There are certain elements in recent practical theology that I will highlight here, to explore how spirituality can be articulated within a therapeutic environment, including extant literature on its significance for emotional health. The recent work of Courtney Bender (2010), a sociologist of religion, emphasises the significance of the term

spirituality in contemporary American society. Bender's (2010, p.5) work begins by recognising the difficulties in defining spirituality and suggests that

‘We have more to gain by observing how the term spirituality is used...I begin thus with the view that spirituality, whatever it is and however it is defined, is entangled in social life, in history and in our academic and non-academic imaginations.’

This definition is particularly useful for framing the TSP which may be applied in a secular setting but may yield a rich understanding of spirituality. Most usefully, Bender's methodology also highlights the importance of practice as a place to begin understanding the significance of the term. This helps to locate my consideration of spirituality in the TSP in relation to practical theology. On this same point, I value Terence Veiling's (2005, p.16) definition that ‘practical theology necessarily attends to the conditions of human life. It is concerned with the unique, the particular, the concrete; this people, this community, this neighbour, this moment, this question, this need, this concern’.

This practical emphasis is a fruitful place to consider how AA's ‘secular’ spirituality might work for an individual. John Reader's (2005) practical theology is concerned with spirituality in relation to our increasingly globalised, sometimes secular context. Reader sees the Christian tradition as challenged by alternative spiritualities which create what he calls ‘blurred encounters’ (2005), between the secular and the religious. Reader (2005 p.31) believes the way forward for Christianity is a more reflexive spirituality grounded in the Christian tradition: ‘one achieves reflexivity, this ability to stand back and interpret one's views and behaviours and then decide to act otherwise, through the exercise of communicative reason at a personal or intimate level’. Martyn Percy (2009, p.189) under a title of *Blurred Encounters* suggests that Christian identity itself is relational; it hinges both on cultural engagement and being open to direction from the free grace of God. ‘This allows us to relate the core values of religious belief to society/culture in a more reflexive manner, which in turn creates new possibilities for theology as public discourse.’

Bringing Christian and AA spirituality together is just such a new possibility. In fact, I identify Percy's approach as parallel with that of the Twelve Step context in its ‘openness’ to that unnamed Higher Power. This is valuably emphasised by Ewert Cousins, a theologian of inter-religious dialogue:

‘...spirituality refers to the experiential dimensions of religion in contrast with formal beliefs, external practices and institutions, it deals with the inner depth of the person that is open to the transcendent...and the journey of that person to a more intimate experience of the divine.’ (Cousins, 1987, p.306)

Finally, to contextualise this for my own practice, the link between spirituality and emotional health has received increasingly greater attention in medical circles in recent years. Donna Leigh Bliss (2007, p.7) recognises the value of Miller’s (1999) work (1.2) on this point: ‘research interest grew in the 1990s with an increased focus on the relationship between 12-step spirituality and AA...which led to an increased interest in examining the role that spirituality plays in the development of and recovery from alcoholism’. Bliss (2007, p.6) acknowledges the success of the AA programme, and its assertion that alcoholism is indeed ‘a threefold illness with physical, mental and spiritual components’, recognising the pivotal role played by spirituality for many recovering alcoholics. She concludes that more is understood about how spirituality impacts recovery, but acknowledges, like Miller (1999), that there is work still to be done in researching the relationship between alcoholism and spirituality.

3.2 Community and activity of Twelve Step practice

The second key aspect to the TSP is community. Founder, Wilson (Alcoholics Anonymous, 2001, p.570), was absolutely clear on the importance of a community, writing, ‘we can clearly see that by pooling our resources we can do together what could never be accomplished in separation...so menacing is the growing spectre of alcoholism that nothing short of the total resources of society can lessen the strength of our dangerous adversary’. Wilson recognised the power of a group united in a cause, in this case, addiction. In a letter written to Jung in 1961, Wilson was clear that ‘there came a vision of a society of alcoholics each identifying with and transmitting his experience to the next’ (Wilson, 1961, cited in Clineball, 1998, p.200). In further support of this community element, Martin (1984, p.49) acknowledges ‘that example is the most powerful teacher on earth, the best medicine for the soul of an alcoholic is the realization that it can be done’. The importance of a community bonded by the experience of alcoholism has always been a vital part of the AA story and one that is mirrored by the Cottonwood emphasis on group work and their family programme.

The third key aspect to the TSP used within my professional context is the importance of action. Action highlights the significance of the Twelve Steps as practice and this

relates very closely to the significance of the community setting. At Cottonwood attendance at groups is compulsory, and clients are expected to abstain from alcohol or drugs; the action of abstinence is a vital prerequisite of recovery. Failure to comply with either rule means immediate discharge. Group therapy at Cottonwood also follows several of the same principles as those found in the Twelve Step fellowship. NA makes it clear that the action of attending and participating in groups is vital (NA, 1992). Group principles of surrender, honesty, trust and faith in Twelve Step group experience are considered spiritual truths, and individuals are encouraged to act differently:

‘Only through the practice of Twelve Step principles in our daily lives can we hope to achieve the spirituality growth necessary to maintain our recovery from the disease of addiction...that gift of recovery becomes the underlying force in all we do, motivating and weaving its way through our lives.’ (Narcotics Anonymous, 1993, p. 122)

Thus, three main components of Twelve Step spirituality, community and action are used at Cottonwood, and some early links to practical theology suggest the theological richness of these ideas, which I shall now go on to explore.

3.3 Developing a response to Twelve Step themes in practical theology

So far, I have discussed the Twelve Steps within the parameters provided by my professional context. I indicated above that one of the problems facing the TSP is a lack of rigorous academic literature, especially in relation to its spiritual principles. I will now critically reconstruct aspects of the work of several theologians as a way of deepening understanding of the spiritual principles in the TSP, particularly in response to the themes I identified above. I will look at how Augustine, as reconstructed by Charles Taylor (1989), adds theological nuance to Twelve Step language and principles and will focus in particular on Richard Rohr’s writings directly on the TSP.

4. The ‘self’

4.1 Suffering transforming the self

Richard Rohr (2011, p.20) suggests that the point of suffering is constructive for spiritual maturity. When ‘there is a person, situation, event, idea, conflict or relationship that you cannot manage...you will not actively learn to draw upon a larger source until your usual resources are depleted and revealed’. Moreover, ‘the state of mind of the shipwrecked is perhaps a necessary beginning point for any salvation from such

drowning' (Rohr, 2011, p.xi). Suffering (Rohr, 2011, p.20) opens the way to a 'vital spiritual experience that is available to all human beings and is transformative...it leads to an emotional sobriety, an immense freedom and natural compassion'. I agree with Rohr that suffering may indeed lead to transformation; I have witnessed clients who at the point of near destruction change from active addiction to a programme of recovery.

AA is clear that addiction forces the sufferer to a place where change is paramount.

'Who cares to admit complete defeat? Every natural instinct cries out against the idea of personal powerlessness. It is truly awful to admit that, glass in hand; we have warped our mind into such an obsession for destructive drinking that only an act of Providence can remove it from us.' (Alcoholics Anonymous, 2014, p.21)

AA is clear that it is at the point of surrender when abstinence from alcohol becomes a real possibility, which itself often leads to a transforming surge of self-respect, a process that is described as deeply spiritual, (Alcoholics Anonymous, 2014. Anne Wilson-Schaeff (2000, p.62), spiritual writer, recognises that as individuals give up substances or 'processes that keep them out of touch with themselves', new strength is found. The implication in Rohr's (1996, pp.20-22) work is that suffering is essential if we are to become close to God: 'Pain is an activator that forces us to choose between what is important and what is not'. However, this argument is limited, suffering is not always transformative. Brian Thorne (2000, p.333) a theologian and counsellor points to victims of capitalism as an example, 'increasingly obsessed with work and subject to the all-pervasive influence of unbridled consumerism...loyalty and commitment are seen as obstacles to progress'. Suffering may lead to ongoing calamity and is by no means synonymous with transformation. Suffering does not open up all individuals to God's luminous love, but may shut them down, afraid of further ordeals. My own practical experience presents examples of clients who have been killed by their decision to keep drinking and taking drugs fully aware of the consequences.

What was interesting is that when I looked through literature on addiction, without exception, suffering is presented as a prerequisite to change, because it moves the sufferer to a place where spiritual change is *necessary*. 'Our human resources, as marshalled by the will were not sufficient; they failed us completely. We had to find a power by which we could live, and it *had to be a power greater than ourselves*' (Alcoholics Anonymous, 2001, p.45). I observed that outside of the addictive realm,

great spiritual strength was also wrought by suffering, and I found less work on change being synonymous with joy. Work from diverse theological figures as Julian of Norwich (Thorne, 1999), Teresa of Avila (Cohen, 1957), and Simone Weil (Weil, 1951) are clear on the value of suffering.

‘Affliction is a marvel of divine technique. It is a simple and ingenious device which introduces into the soul of a finite creature the immensity of force, blind, brutal and cold. The infinite distance separating God from the creature is entirely concentrated into one point to pierce the soul in its centre.’ (Weil, 1951, p.81)

Yet there are important contrasts in the Christian tradition. Janet Martin Soskice, philosophical theologian, has written about the power of God’s love and how a relationship with it brings great hope to the individual which may instigate change. Soskice (2007, p.66) believes that the closeness of God will create ‘new intimacy...and will be of extraordinary hope and support to us...God the Father is an anticipation of great intimacy, new relation, of hope and of love’. Weil (1951, p.99) at least does suggest that desire for God can also be a catalyst for change, going so far to say that ‘desire directed towards God is the only way of raising the soul’.

Thorne recognises the value of ongoing loving relationship and makes it clear that it is not just suffering that transforms but God’s ongoing tenderness and love (Thorne, 1999). For the challenging process of recovery to continue many of my clients discover they need to develop ongoing relationships with their Higher Power, family, friends and spouses. Thorne cites Julian of Norwich, one of the most significant female mystics of the medieval period, whose visions although appearing in illness are ultimate intimate:

‘[Julian] brings the startling news that God is their most tender Mother and Father since the beginning of time and will never abandon them. To those who feel alienated and alone and for whom there is no meaning in life she reveals the tender compassion of God who created everything for love and preserves it by the same love.’ (Thorne, 1999, p.18)

Thorne, (2000, p.20) also writes about his own spiritual experience which emphasises the importance of feeling loved on an ongoing basis, ‘the love I experienced bought with it a sense of being fully and profoundly understood...the incident endowed me with a sense of my own unique value’.

4.2 The false self and the real self

Wilson wrote at length about self-will and ego, with which I want to draw a parallel in relation to Rohr's ego-driven 'false self'. Rohr (2013) suggests that the self that is abandoned in response to suffering is a false self which is ego driven. Rohr writes (2013, p.193) that in suffering we become aware of the ego's petty preoccupations and eventually seek a bigger truth: 'it is like mining for a diamond. We must dig deep and yet seem reluctant, even afraid, to do so'. The phenomenon of this misdirected will was understood by Augustine as the central theological crisis of moral experience (Taylor, 1989). Human tendency towards sin is the result of being trapped within these disordered or misdirected desires, a way of conceiving sin that has shaped much Catholic moral theology since.

Narcotics Anonymous (1998, p.22) similarly suggests that the suffering person 'barrels through, stampeding over anyone who questions our right to do whatever we want...we try to get our way at all costs', Taylor's (1989, pp.137-8) reconstruction of Augustine presents the soul as potentially facing two ways towards the higher, or towards the lower, and uses not dissimilar language to NA to make his point, 'this perversity can be described as a drive to make ourselves the centre of our world to relate everything to ourselves to dominate and possess the things that surround us'. Freedom from that is found only in relation to God: 'the very essence of Christian piety is to sense this dependence of my inmost being on God' (Taylor, 1989, p.139). The TSP agrees, because 'our human resources as marshalled by the will were not sufficient; they failed utterly' (Alcoholics Anonymous, 2001, p.45).

Rohr's (Rohr, 1996, p.33) description of the real self seems similar in some ways to the 'higher face' of Augustine's soul needing to recognise its reliance on God. 'People who draw their life from within, who don't rely on the good opinions of others...they are named by God and have recognised that name as their deepest and truest self' (Taylor, 1989 p.137). Rohr (2013) makes this point explicitly theological, pointing to Jesus's teaching in scripture that there is a self that has to be found and one that has to be let go of or even renounced. This is echoed in the work of Mark Wallace (2002, p.80) on contemporary French theology which he considers proposes that 'the individual becomes a self by allowing the divine other to awaken to its responsibilities for the human other' Wallace (2002, p.80), points to Paul Ricoeur's 'recovery of the biblical

ideal of self-giving', concluding that 'unless one forfeits oneself one cannot discover genuine selfhood'. AA (Alcoholics Anonymous, 2014, p.8) agrees that it is only by giving to others that individuals realise their real and sober selves. This brings me to the consideration of community as a theological element for the TSP.

5. Community and spiritual flourishing

While Rohr discusses the giving up of self in terms evocative of Augustine's dependence on God for true freedom, AA relates this to the other person as well, again underlying the community context of spiritual development. I propose in this section to examine the relevance of relation with God and with others. Such a process creates a wider community whose value is recognised as spiritual by the TSP.

5.1 Relation between God and self

According to Taylor's reconstruction of Augustine our real selves are proof that God exists, our real selves are God within us. Thorne (2000, p.120) agrees, 'Christians believe that at the centre we find God'. Augustine (cited by Taylor, 1989, p.134) believes that 'I am aware of my own sensing and thinking; and in reflecting on this I am made aware of its dependence on something beyond it, by going inward, I am drawn upward'. Taylor (1989, p.134) argues that the reasons Augustine took this path was to show 'that God is to be found not just in the world but also and more importantly the very foundations of the person. God is to be found in the intimacy of self presence'. Taylor (1989, pp.140-1) concludes, 'Augustine is the originator of that strand of western spirituality which sought the certainty of spirituality within...we can only understand ourselves if we see ourselves as in contact with a perfection which is beyond us' This very same sentiment is found in AA (Alcoholics Anonymous, 2001, p.25). 'The central fact of our lives today is the absolute certainty that our Creator had entered into our hearts and lives in such a way which is indeed miraculous. He has commenced to accomplish those things for us which we could never do by ourselves'.

Systematic theologian, Robert Innes (1999, p.203) discusses how 'Augustine succeeds to a large degree in offering an account of how the self may be integrated...Augustine succeeds by positing one single uniting motive force, the desire for God which underlies and may in due course order all our other motives and desires'. Rohr does not explore this aspect of self, though AA (Alcoholics Anonymous, 2001, p.51) does and absolutely

recognises that ‘many hundreds of (recovering) people are able to say that the consciousness of the presence of God is today the most important fact of their lives’. Innes (1999) and Thorne (2000) both argue that God caters for each aspect of the self and functions as a source of value for the self. I believe this argument to be very powerful, and this is a considerable strength of the TSP: it provides a straightforward framework to prioritise spirituality into daily life spiritual tools if you will. One of these is the relationship to that Higher Power (Alcoholics Anonymous, 2001).

5.2 Relationship with others

However, Thorne (2000, p.331) is clear where Rohr is not, that our real selves are not strengthened by our relationship with God only: ‘it is almost impossible to maintain an alienated position in the face of someone who is showing you profound understanding at a very personal level’. This echoes Wallace’s emphasis on recognising the other as one who needs us, breaking open that false, ego-centric self.

This is important to build on with practical insight: in recovery I have witnessed the importance of building loving relationships with others; and great emphasis is placed on this by therapists at Cottonwood. The sense of being heard valued and understood by a counsellor may be a new experience for some clients and may create a sense of self-worth. Attention and time from another is a direct challenge to being worthless. Soskice (2007 p.158) confirms the positive theological anthropology that can frame this view, seeing true friendship as helping the real self flourish. ‘Indeed, the friend is another self, for what is sweeter than to have someone with whom you may dare discuss anything as if you were communing with yourself’. This is grounded for Soskice (Soskice, 2007 p.158) in the insights of the systematic theologian Walter Kaspar: ‘God is relational we human beings choose to be relational’.

Thorough and consistent effort in the therapeutic relationship can sustain this. Michael Kahn (1997, p.3), a clinical psychologist, argues for the importance of the client-counsellor relationship. Kahn (1997, p.3) believed that ‘the relationship is the therapy’. He acknowledged that insight is important, but ‘it's certainly not enough. I think the future lies in understanding the nature of the relationship between therapist and client’.

I believe that relations with self and others are critical, because active addiction is all about isolation and the destruction of community and personal relationships. The only relationships left are those between the suffering individual and their drug of choice and their dealer. Narcotics Anonymous (1993, p.2) considers the value of one suffering individual helping another as without parallel and ‘it is through sharing with each other that we find our own answers, our own Higher Power and our own path of recovery’. Nancy Flam (1996), a Jewish theologian describes how individuals who allow their identities to expand to contain and be contained by other people will experience healing.

5.3 The value of community

Relations with self (4), God, and others are thus significant in allowing our spiritual selves to flourish. This creates a sense of community and belonging. Twelve Step groups each have their own community and also form an international community, focused on how not to abandon ourselves with self-defeating behaviours, and how to live with some of the Twelve Step spiritual principles discussed.

This is reflected in practical theology in the work of Veling (2005, p.232), who wrote that ‘as the Christian community engages in the practices of prayer, study, hospitality forgiveness – as we all do these things – we begin to deepen our understanding of what the Kingdom of God is all about, and what it means to be a people of God’. This is a thoroughly inclusive approach and reflective of AA practices of forgiveness, prayer, and community. For example, ‘I looked at the faces of the people (in the AA meeting) and I believe I saw my Higher Power for the first time in those faces...this is what I had been looking for all my life. Indescribable relief came over me; I knew the fight was over’ (Alcoholics Anonymous, 2001, p.326). Veiling’s understanding of practical theology allows me to use such experiences as a starting point for thinking about the spirituality of AA, grounded in a transformative self engaged with others and with God.

Weil (1951, pp.84-99) fully understood the value of community. Considering the reality and mystery of Christ as paramount, it is ‘sometimes understood and lived better’ by a community. Gerald May (1988, p.90) sees spirituality when people help each other to respond to a truth, and ‘seek realization of that which is beyond our human comprehension’. Thorne (2000, p.337) writes at length about the alienation of addiction healed by communal, liturgical experience. ‘Such people desperately need to discover

that they are welcome in the human family; they need to experience in the word of the liturgy that though we are many we are one body'. A Christian community experienced through the Church says Thorne (2000, p.337), 'can be the context in which connectedness with the human family can be rediscovered or perhaps truly experienced for the first time'. I have heard clients say exactly the same about TSP (NA, 1993, p.13) meetings, 'coming to NA has been described by many members as coming home. We find ourselves welcomed and accepted by other recovering addicts. We finally find a place where we belong'. The lonely experience of addiction is replaced by communication and fellowship with a community, itself mediating that Higher Power.

6. Action

Theological resources on spirituality and mystical experience emphasise the relationship between contemplation and action. Similarly, AA (2001, p.83) is specific that 'the spiritual life is not a theory, we have to live it'.

6.1 Action as a response to the other

Charlotte Radler (2013, p.219) emphasises the importance of finding the spiritual in everyday action, pointing to the example of, 'Eckhart [who]...also democratizes and universalizes the mystical journey, configuring it as accessible to everybody everywhere'. As Wilson (Alcoholics Anonymous, 2001, p.16), co-founder of AA, remarked we 'need look no further for Utopia. We have it with us here and now. Each day my friend's simple talk in our kitchen multiplies itself in a widening circle of peace on earth and good will to men'. Practical theology confirms the significance of our worldly experience; Veling (2005, p.9) writes, 'It is in the human story that we hear the word of God'.

This argument is also developed by Soskice. Soskice (2007, p.23) argues that Christian spirituality is still unfortunately shaped by particular views of contemplative life. 'What we want is a monk who finds God while cooking a meal with one child clamouring for a drink...and a baby throwing up over his shoulder'. Why she asks should disengagement from the society of the emotional and sensual world be our path to spiritual excellence and self overcoming? Soskice (2007, p.26) believes 'to be fully human and to be fully moral is to respond to that which demands our response – the other, attended to with love'. Spirituality, she believes, is not just about the higher planes of existence but about

earthly human life in all its gritty reality, which is exactly the life that TSP offers such effective help with, through its very practical application of spirituality to everyday events. It is Radler (2013, p.213) who takes us back to Augustine on this point, citing him, saying: ‘no man has a right to lead such a life of contemplation as to forget in his own ease the service due to his neighbour; nor has any man a right to be so immersed in active life as to neglect the contemplation of God’, This is the practical working out of Wallace’s self-giving above.

Thus, it is with action that the link with practical theology becomes particularly clear. There are parallels between practical theology and the Twelve Steps which enrich both. Both are concerned with doing things differently, and both are concerned with how the individual does (not thinks) about life. AA (2001, p.85) names itself a ‘spiritual programme of action’ and Helen Cameron suggests that both pastoral practice and public theology have a shared concern with human flourishing (Cameron, Reader and Slater, 2012). In the same vein AA (2001) notes that Wilson had not drunk for some time, and experienced great contentment as a result. Veling (2005, p.3) writes that practical theology, ‘is seeking to reclaim a certain reintegration of theology into the weave and fabric of human living’. Wilson absolutely recognised the importance of a God who was in everyday life, who was accessible, and whose wisdom could be applied to every day practical situations (Alcoholics Anonymous, 2001). Wilson (Alcoholics Anonymous, 2001, p.16) recognised that ‘faith has to work through us and with us 24 hours a day or we just perish’.

7. Conclusion

In this concluding section I will summarise some of the key ideas introduced above in my investigation of Rohr, as a conversation partner for theological support of clinical Twelve Step practice. I will highlight the critical contributions of other theological figures throughout and ultimately conclude that the key themes of community and action will be crucial for ongoing investigation into spirituality and addiction. The question of suffering remains open as well.

Rohr's (1996; 2011; 2013) work focuses on suffering and addiction and how this experience into recovery can transform the false self into the real self. He explores how God, others, and new action can support this self. My counselling is enriched by Rohr's

work; he has encouraged me to reflect on my care of clients and the significance of the spiritual in their recovery process. I sometimes found Rohr dogmatic and limited in his focus on suffering, but spiritual belief and a healthy self are intertwined in this model which already begins to echo early clinical research on spirituality and mental healthcare (Bliss, 2007) and (Miller, 1999). This work was further grounded by Taylor on Augustine (1989), and more recent thinkers Innes (1999), Thorne (1991; 1999; 2000), and Soskice (2007). I was especially struck by their work on the real self, and what they believe it needs to operate at full capacity.

Theologically the above discussion presents the possibility that the self and other can be a channel of God, and these opportunities are best expressed through community and action, themselves well reflected in practical theology where Veling (2005) highlights the value of spirituality in daily life. This ultimately deepens my understanding of Twelve Step principles, enriching them in response to the opening criticisms reconstructed above. Using practical theology certain characteristics of Twelve Step spirituality have been highlighted – its openness to theological sources, the significance of suffering and the transformation of the self, its community context, its grounding and application in everyday activity and self-giving. These all have resonance in the theological sources of which I have given an overview.

This may be John Reader's 'blurred encounter' (2005), but it is the beginning of an important conversation between theology, practice and the TSP. I believe these perspectives of practical theology pose a serious challenge to those sceptical about the spiritual weight of AA texts and their on-going value for transformation.

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Appendix 2:
**Paper 2: How Narrative Can Offer Spiritual and Therapeutic
Perspective in My Counselling Practice**

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How Narrative can offer Spiritual and Therapeutic Perspective in my Counselling Practice

Abstract

This paper explores how narrative may act as a resource for clients in my counselling practice and strengthen their recovery from addiction and facilitate a spiritual perspective. Most of the clients I see are recovering persons who are familiar with the Twelve Step Programme of Alcoholics Anonymous and its literature including *The Big Book of Alcoholics Anonymous* (2001) and *Twelve Steps and Twelve Traditions* (2014).

I am thus familiar with how helpful narrative can be to clients. What I aim to do in this paper is discern how wider narrative is significant in helping explore themes that frequently bring people to counselling. I will discuss how narrative provides order and meaning in life, and how it helps develop identity.

I will also explore how narrative is a response to emotional pain and fragmentation. I will reflect on my own practice and how I use narrative to help clients. Elie Wiesel holocaust survivor and writer allowed his suffering to effect a personal transformation which provides a powerful message for the recovering person.

1. Introduction

My work as a counsellor involves listening to many stories. Clients narrate their circumstances, and through counselling come to a better understanding of their inner world in relation to those stories. Listening to the stories of others can also be particularly significant in the development of identity. This is well documented in the work of addiction groups that strongly rely on the examples of other successful, now-sober, fellow-suffering persons. (*Alcoholics Anonymous*, 2001)⁶. The self-help groups created by the Twelve Step programme of Alcoholics Anonymous, and Narcotics Anonymous (TSP) are significant as the majority of my clients are in recovery from alcoholism or drug addiction. In addition to using the TSP in my practice and paying attention to its spiritual principles (see paper 1) my work is assisted by Person - Centred Counselling (PCC) developed by psychologist Carl Rogers in 1951. According to PCC I need to feel a sufficient degree of self-acceptance, which facilitates an acceptance and openness to the experiencing of my clients. The central truth for Rogers is that the client knows best. Rogers was convinced that my counselling task is to facilitate the clients contacting their *own* inner resources.

What I have increasingly found in my own work, however, is the significance of stories that touch on something beyond the concrete experiences of addiction. A good example is the fiction of the Jewish writer Elie Wiesel. His stories of suffering and oppression resonate with the otherwise radically diverse lives of my clients. Yet for Wiesel there is a profoundly spiritual horizon to the fiction he writes – it is tied up with his experience of God. Here too we find an echo within a specific strand of addiction therapy emerging from the TSP; God, or some underlying principle that moves the world, is a crucial part of making sense of oneself as a recovering person. The significance of spirituality for therapeutic healing is something that psychotherapy has taken increasingly seriously in recent years as well (see Appendix 1, Miller, 1999).

Both theology and counselling thus propose that stories of spiritual significance - Biblical stories, Jesus' ministry, or the spiritual experiences of others, even fictionalised, - offer new perspectives that clients can use and appropriate to make sense of themselves. There are important limits on the significance of these 'spiritual stories' -

⁶ The original texts of Alcoholics Anonymous were written in 1939 and 1952, I have used the 2001 and 2014 respectively editions for my in-text citations.

for some clients, their use would be an intrusion, or too denominationally specific to be comfortable. Of highest importance is avoiding using my personal story to shape theirs; non-disclosure is a paramount rule for my practice. Yet there are clients who have taken to fiction that discusses the spiritual with genuinely transformative results in their self-identity and their lives.

What I hope to do in this paper therefore is explore the significance of narratives for how clients understand themselves. Narrative has become an increasingly significant category in philosophical anthropology through the latter part of the twentieth century and into today. I will then look to the insights within the field of theology for the significance of religious or spiritual narratives for deeper insight into the human person. I will also engage with my own counselling practice to consider the significance of narratives for counselling as a way of opening up the category of spirituality for clients. Finally, I will consider Wiesel as an example of a narrator that attempts to speak spiritually of the human person without dictating the meaning of that for the client. Ultimately, I hope to explore how stories are able to strengthen a clients' recovery and their spiritual perspective - significant for those committed to the TSP.

2. Narratives provide order and meaning in how we describe life events

The British practical theologian, David Willows, believes that narratives:

‘Are the bedrock of our lives, from which is hewn a sense of self in relation to others and our environment, stories provide order and meaning out of the scattered fragments of human existence. They provide spaces in which to remember our past and rehearse our future.’ (2000, p.181)

Willows suggests that stories are signposts guiding us to a sense of identity through our responses to their descriptions of events and people. I believe that they give clients the opportunity to reflect about life events, and what these events may teach them about themselves and how they operate in the world.

French philosopher Paul Ricoeur (1913–2005) enriches this argument, writing that human lives are told through narratives; ‘it has always been known and often repeated that life has something to do with narrative; we speak of a life story to characterize the

interval between birth and death' (2011, p.20). ⁷Ricoeur understood narrative to provide order and meaning in how we describe life events. Kevin J. Vanhoozer, Biblical theologian, comments that narrative is 'an attempt to think...two problems, imagination and time together' (2011, p.34). Thus, the narrative is a way of organising stories, and as Vanhoozer explains 'narrative.... figures and configures human time in stories and histories' (2011, p.37).

Ricoeur moves away from considering only the concept of narrative to consider the relationship between narrative and life, and 'to clarify this relation between living and narrating I suggest that we first examine the act of narrating itself' (2011, p.25). Ricoeur immediately notices 'the paradox we are considering here: stories are recounted, life is lived. An unbridgeable gap seems to separate fiction and life' (2011, p.25). He resolves this by describing the two processes (of living and recounting) as being different yet *informing* each other. They have a mutually forming relationship. Ricoeur believes that:

'It is a mixture of acting and suffering which constitutes the very fabric of a life. It is this mixture which the narrative attempts to imitate in a creative way. We therefore have to look for the points of support that the narrative can find in the living experiences of acting and suffering; and that which, in this experience, demands the assistance of narrative and expresses the need for it.... the first point of anchorage that we find for narrative understanding in living experience consists in the very structure of human acting and suffering.' (2011, p. 28)

By this, Ricoeur means that acting is something an individual does, and suffering is something they undergo, in the same way a narrative tells stories about actions, but also events that happen to the person at the centre of the story. Making sense of this tension between acting and suffering is itself a narration; he goes so far as to suggest that 'we equate life with story or stories that we can tell about it' (2011, p.194). Where there are events that a person has undergone that need to be made understandable, it is only the wider, more complex narration of their life as a whole that helps them comprehend the experience. There is an ongoing creative perspective on events and actions (in time) to make sense of them simultaneously, and in this sense Ricoeur argues, without interpretation life is no more than a biological phenomenon (2011). It is through narration that this interpretation is facilitated.

⁷ Paul Ricoeur wrote 'Life in Quest of Narrative' in 1986. This paper is in 'On Paul Ricoeur' ed. D. Wood (2011). My 2011 references come from this publication.

2.1. Narratives provide a way of forming identity

‘To a large extent, in fact, the identity of a person or a community is made up of these identifications with values, norms, ideals, models, and heroes, in which the person or the community recognizes itself.’ (Ricoeur, 1994, p.121)

In this way, surrounding narratives impact on individuals’ understanding of their own narrated lives. Narrative confirms this aspect of self-knowledge which goes ‘far beyond the narrative domain’ (2011, p. 198). Ricoeur goes so far as to suggest that our self does not know itself immediately, but ‘indirectly by the detour of the cultural signs of all sorts.... among them the narrative of everyday life’ (2011, p. 198). The self is constituted by the narratives around it and this has the potential to be both restrictive and transformational. I shall consider the difficulties and then the possibilities.

Theological ethicist, Hille Haker suggests that in Ricoeur’ s explanation of surrounding narratives influencing us ‘identity is won through and in conflict with the identities others ascribe to us’ (2004, p.137). Haker suggests: ‘To reflect on one’s own identity without taking account of the context in which it is constructed leads to a reduced notion of identity’ (2004, p.137). Haker gives the example of our names, which are given to us by others, and ‘with the help of a name a continuity between generations is created which in turn intended a source of identity’ (2004, p.137). Haker argues that ‘who we are and what we are often the result of an overwhelming force of external ascriptions and only to a small extent the success of our individual search for identity’ (2004, p.137). Haker describes becoming ‘entangled’ in one’s own story, the story of others and in the ‘socio-cultural context’ (2004, p.143, referencing Wilhelm Schnapp’s 1976 book *In Geschichten Verstrickt*, ‘Entangled in Stories’). I find this tangled-ness fascinating, I believe that it is a real challenge for the reader to work out within this tangled-ness which particular stories hold meaning and information about their own identity and which do not. This process is a key element of counselling as I will explain later.

Ricoeur believes the reader and the narrative create a world where the reader can explore their identity by monitoring their response to the narrative written. He concludes our very lives are borrowed from a narrative understanding through which we attempt to discover ‘the narrative identity which constitutes us’ (2011, p.32). Ricoeur suggests that our self-understanding presents the same features of traditionalism as the

understanding of a literary work. It is, he says ‘in this way that we learn to become the narrator and the hero of our *own story* without actually becoming the *author of our own life*’ (2011, p. 32). This sentiment is significant in the third step of Alcoholics Anonymous programme (Alcoholics Anonymous, 2014, p.5). Ricoeur believes we are continually reinterpreting ourselves in the light provided by our cultural narratives; we try on the roles assumed by our favourite characters and learn a great deal about ourselves in the process. The narrative is instrumental in helping us discover and define our identity.

3. Narratives and my professional practice

The preceding sections show how philosophy has argued that narratives can teach us about new perspectives through the life and identities of others, offering personal transformation. For me, as a professional counsellor, this names the work of counselling, which involves finding new meanings in an old story which will help the client understand how and why they feel and act as they do. I will explore this process in my practice grounding my reflection in the insights of other psychologists particularly from the PCC model.

3.1 Narratives as a response to pain and fragmentation

I began this paper with the work of Paul Ricoeur because he offers a rigorous grounding in thinking about the nature of the person. For my professional practice his value is reemphasised in the practical bridge he offers in his consideration of psychoanalysis. Ricoeur argues that when a client commences therapy his or her personal story is very fragmented (2012, p.207). This resonates strongly for me in my work with clients with addictions. I believe the client’s story fractured by the destructiveness of addiction is reflective of their fragmented selves; a self I need to pay great attention to. This fragmentation is usually visible when clients start to question a part of their identity, they had previously been sure about, or behave in a way which increasingly contradicts past principles, values and beliefs. In early therapy, the client is often unable to comprehend any other perspective other than their own - even a close or loved one’s perspective remains uncharted territory. This is evident when a partner or child joins the client in a session (with the client’s agreement), and their story can sound completely different to the one told by the client. It is an important part of my job (whether family therapy happens or not) to offer a fresh perspective on an old story. I

usually do not have another family member present, so I need to use my own attentive response to the story told to create this perspective.

My view here is supported by the work of US psychologist, Stephen Grosz. He suggests that ‘we are all storytellers – we create stories to make sense of our lives’ (2013, p.x). Grosz is convinced that the repression of a story that needs telling is emotionally disastrous and writes ‘all sorrows can be borne if you put them into a story or tell a story about them’ (2013, p.10). Grosz believes that often in childhood, children do not find a way to voice their stories which creates problems, ‘when we cannot find a way of telling our story, our story tells us – we dream these stories, we develop symptoms, or we find ourselves acting in ways we don’t understand’ (2013, p.10). I have witnessed this process create emotional unhappiness, traumatic events become secrets and repressed painful feelings are a consequence. Clients may turn to addictions to help medicate the festering emotional wounds, which eventually creates more emotional pain and so a vicious cycle is created which counselling needs to break. Counselling in this context thus becomes itself a narrative task, resolving the fragmentation:

‘Can we not say that the whole purpose of the cure (in analysis) is to aid the client to construct the narrative, the story of his life with the character of intelligibility, of acceptability missing from those bits and pieces of inconsistent and insupportable narrative that the client brings with him?’ (Ricoeur, 2012, p.208)

The story the client brings me is the material for counselling, and as counselling progresses the client’s narrative will usually change: ‘Therefore, to speak of oneself in psychoanalysis is to move from an unintelligible to an intelligible narrative’ (Ricoeur, 2012, p.228). My role as counsellor is to listen to this narrative being recounted. Grosz agrees, and believes it is not enough to tell tales; there must be someone to listen and be attentive to stories about our everyday lives (2012, p.22). Grosz concludes that stories show how we lose ourselves but also how we might find ourselves.

Pastoral counsellor Frank Lake underlines why a listening audience is so necessary:

‘Many small children despairing of the adults around them, often confide their deep secrets to their pets or dolls....it is only when external insecurity or internal anxiety threatens this equilibrium that we feel a desperate need to communicate. It is when we begin to have serious doubts about our solvency (value) as persons that we need reassurance from a human listener who understands more than we do.’ (1986, p.2)

The significance of the listener to the client's narrative is underlined by the insights of Haker, touched on earlier. Haker understands the question of identity as a multi-layered one and believes 'who we are and what we are often the result of an overwhelming force of external ascriptions' (2004, p.137). With clients this process often creates problems; what happens when the voice of the self is drowned out by the demands of these external ascriptions, and the individual's identity is lost? Again, tangled-ness and fragmentation find resolution in the clients' re-narration facilitated by the counselling process. Through my questioning the client and I learn about these 'external ascriptions', which may have become an emotional burden so distorting their story.

What I am trying to underline in this section is the strength of the resonance between the work of thinkers, both in and outside psychology on the role of narrative in the development of identity, with the practical work of the counsellor. Narrative is presented as the mode of resolution for a client struggling with a difficult, fragmented history. This works most effectively with a listener to hear and respond, so I will now consider in more detail the role I play as a counsellor, listening to that newly told story.

3.2 Reflecting on my own practice

Petruska Clarkson, UK chartered clinical and counselling psychologist believes counselling 'aims to create the conditions through the counselling relationship wherein a person can connect with their basic drive towards health and be enabled in adjusting to changes of role situations and developmental stages in life' (Clarkson, 1995, p.9). I use my counselling skills to hear how client's pre-treatment have felt unable to 'adjust', and unintentionally acted out the same painful stories over and over again (in an attempt to resolve the problem). The repetition becomes increasingly counterproductive, and at some point, the pain is often medicated by an addictive process. My counselling is about 'reconstruction and treatment' (Clarkson, 1995, p.11) of the narrative so clients are helped 'to develop new ways of solving problems' (Clarkson 1995, p.11). Reflecting on my practice, I understand that the reconstruction Clarkson discusses is about re-organising the narrative that clients bring; the verbal representation of the reality discussed by Vanhoozer in Section 1 (2011), which may be fractured or somehow distorted.

3.3 How I work with the stories that clients bring me

In addition to my focus on PCC I encourage attendance at the Twelve Step fellowship (Alcoholics Anonymous and Narcotics Anonymous) meetings. These provide a supportive community and guidance for persons in recovery. The TSP's diligence to abstinence and support they provide through meetings, stories, and experiences of other recovering persons described in 'The Big Book of Alcoholics Anonymous' (Alcoholics Anonymous, 2001) are invaluable for clients pursuing abstinence. When I first start working with a client a contract is signed that specifies, we will meet weekly for fifty minutes, and that abstinence and attendance at least two Twelve Step meetings a week is mandatory until further review. The Twelve Step emphasis on spirituality provides a platform that I can use to address spiritual concerns directly. I will usually ask what the word means to them (this emphasis being an important part of me wishing to study practical theology). Sadly, it may have extremely negative connotations, but Twelve Step meetings facilitate a dialogue about spiritual matters to be started. On occasion, even committed atheists have started to believe that abstinence alone can represent the Twelve Step 'Higher Power', because abstinence transforms their lives and enables a quality of life hitherto inexperienced.

3.4 The counselling relationship

PCC helps me to frame my counselling work as creating an opportunity for the narrative to be told. This includes listening without judgment to the painful consequences of addiction which may involve family crises, feelings of regret, remorse, and recrimination. Lake is clear that it is when the symptoms of the 'frightened spirit begin to show that our need to be honest becomes pressing. We need, then, an attentive listener who can hear what we cannot put into words (silence) and see what we dare not see ourselves. To avoid commitment to dialogue is to remain in defensive isolation' (1986, p.2). It is my job to hear this 'silence' and treat it and thus, like Clarkson I see treatment relying on 'the use of a relationship' between the client and counsellor (Clarkson, 1995, p.4). Ricoeur was aware of the significance of this relationship; 'currently I am trying to reinterpret psychoanalysis by taking as my starting point, not the theory, but what happens....in the relationship between analysed and analyst' (2012, p.202). Counsellor Michael Kahn (1997, p.2) agreed, 'the future lies in understanding the nature of the relationship between therapist and client', and in my view a vital part

of the efficacy of this relationship lies in the clients feeling that their story is understood.

I concur with Ricoeur and Kahn and believe that a relationship that facilitates the client's trust (so ensuring honest narrative) is crucial. In addition to my adherence to the TSP my counselling approach is based on the 'core conditions' which are the basis of PCC written about at length by counsellors Brian Thorne (1991, 1999, 2000), and Dave Mearns (1994, 1999). The core conditions are empathy, unconditional positive regard and congruence (the counsellor's genuineness), which together create the right emotional climate for the client to feel accepted, understood and respected. Clients are not fooled by an incongruent portrayal, PCC demands that the counsellor 'has to become the kind of counsellor who genuinely feels a deep valuing and interest towards her client' (Mearns, 1994, p.xi). Rogers paid a great deal of attention to the experience of the client and believed that they know what is hurting 'and in the final analysis they know how to move forward' (Mearns and Thorne, 1999, p.1). The central truth for Rogers is that the client knows best.

Thus, the client's experience described by their stories is central to the counselling, and my empathy and genuineness encourage the client to risk discussing all parts of their story, even those of which they are ashamed. Change occurs because they are discovering the confidence to create a new story based on what they *really* feel, rather than what they feel they ought to feel. Thus, the re-telling of the narrative may change the story. This is exactly the point that Vanhoozer (2011) discusses in section 1: how the retelling of a story is a creative task which may alter its future meaning, and in counselling may alter the client's emotional response and their self-understanding. I believe that Rogers' core conditions name the skills I need to reflect on the story being told. My listening to a client's narrative will help the client feel that what they say is of value. Even if they do not value themselves my unconditional regard (revealed through my listening) will eventually 'contaminate' (Mearns, 1994, p.19) them, and slowly they will start to value themselves.

3.5 Reconciling inner resources with another's narrative

Yet how can the emphasis on the clients' own resources be resolved with the insights of Ricoeur and Haker that individual identity is formed in constant dialogue with others'

narratives? As discussed, the significance of others' stories is also underlined by Twelve Step narrative. 'Listening to another's experience and applying it to our own lives is how we take advantage of one of the most beautiful and practical aspects of recovery: The therapeutic value of one addict helping another' (Narcotics Anonymous, 1993, p.12). Twelve Step fellowship meetings are explicitly framed by the Alcoholics Anonymous approach of valuing others' narratives as support; the narratives are not intended to be directive but intended to help people connect with their *own* stories. This is also the intention of my attention to Rogers's core conditions (2000); to enable the client to find the resources they need within *themselves*. The significance of this relationship to others' narratives reminds me about what Ricoeur wrote about the narrative and the reader; he points to Proust, who saw his fiction writing as an aid to the reader to discover their *own* story (Ricoeur, 2011, p. 198). This possibility of *fiction*, as a therapeutic resource, is what I now turn to.

3.6 What kinds of narratives can be used?

One possibility, of offering a new context for understanding one's own story is the resource represented by fictional narratives. In my own practice, I have offered certain novels to clients as resources for their own thinking. What is crucial about this approach is that such fictional narratives offer the transformational possibilities of narrative encounters, without being directive (a stance enhanced by my use of the PCC model). My role thus becomes about offering appropriate narrative resources that the client can appropriate for themselves, allowing the client's appropriation of the story to give the direction for therapeutic dialogue. As discussed, this is central to my counselling practice; helping clients find resources within themselves to help them move forward. This prompts the question of what kind of fictional texts should be offered to clients? The rest of this paper will explore this question, guided by the emphases of Twelve Step practice.

4. The significance of narrative to counselling

As discussed, Ricoeur believes narrative is critical in the creation of human identity, Kurtz and Katherine Ketcham US writer are also convinced of the story's efficacy in the therapeutic process. They write: 'Stories are the vehicles that moves metaphor and image into experience...stories invite a kind of vision that gives shape and form even to the invisible, making the images move, clothing the metaphors, throwing colour into the

shadows’ (2002, p.17). Kurtz and Ketcham deepen the argument concerning the relationship between stories and therapy:

‘For once upon a time, people told stories. In the midst of sorrow and in the presence of joy. ... But especially in times of trouble, when a miracle was needed, and the limits of human ability were reached, people turned to storytelling as a way of exploring the fundamental mysteries: Who are we? Why are we? How are we to live?’ (2002, p.7)

Kurtz and Ketcham are clear that this problem is redressed by the Twelve Step story of spirituality, ‘we will attempt to tell our story of spirituality – both the ancient tale and its modern-day detailing in Alcoholics Anonymous’ (2002, p.7).

Thus Kurtz, Ketcham and Ricoeur are all clear that a vital part of therapy is the story that the client brings; this story will encapsulate some of the major life questions that Kurtz and Ketcham describe. I have already established that the stories of others provide an important ‘other’ perspective. In the context of addiction and Twelve Step work it would be natural for the stories I offer to have some kind of religious character. Similarly, a focus on scriptural stories could echo the work offered by Kurtz and Ketcham of limit and miracle and fundamental mystery.

This is affirmed by the work of scholars within theology. Frederick Buchner’s work recognises that religious narrative may offer therapeutic hope to a client. He surmises that both stories and the gospel offer theological and therapeutic perspectives on life situations. These encourage moments of self-examination which may result in transformation. This is particularly underlined in his understanding of the role of Biblical texts, specifically the significance of personal responsibility, but the overarching care of God. This chimes strongly with Twelve Step language.

Similarly, Frank Lake, who bridges theology and pastoral counselling writes at the very beginning of his work that ‘the very language of the word of God in the Bible is the language of the human heart’ (1986, p.1). It is no coincidence that one of my commentators on Ricoeur is Vanhoozer, whose work began in Biblical hermeneutics. This could easily become an argument about using the Bible within counselling and therapeutic contexts, but there are clear concerns here for offering the client an appropriate open space for their own development. The value of narrative is precisely that it can be transformative without being directive. The fundamental theologian,

David Tracy has suggested that religious narratives such as those in the Bible are actually ‘classics’ and thus available to the public in a cultural sense. He writes ‘fundamental theology is chiefly concerned, in its phenomenological moment, with our *common* human experience’ (1998, p.166). To my mind, Tracy’s work suggests that certain classic religious texts are spiritually charged (about life itself) and are able to speak more broadly to human beings.

Again, there is a resonance here with the way that theologians such as Buechner underline the deeper truth of scriptural words:

‘Come unto me, all ye who labour and are heavy laden – Jesus speaks his words as a tragedian, and the word floats free in the New Testament with no special event to moor it and no special listener pictured as listening to it because it is addressed to anybody who will listen, and there is no event to which it does not speak. It floats loose so that it can find its mooring anywhere. When he says take up your cross, I think he is saying the same thing... because it simply means take up the burden of your own life because for the time being anyway that is burden enough.’ (1977, p.34)

Encouraging clients to accept that life can be extremely challenging, and it is our responsibility to take up this ‘cross’ is significant in work with several clients who sometimes feel that their cross should be carried by another. Yet despite Tracy’s project of public theology, grounded in the public nature of scriptural texts, I still have concerns about using scripture directly in any therapeutic situation. I am keen for clients to discover their own resources rather than give (me) the counsellor a power that actually I believe they need to give themselves. What I mean by this is that they need to start trusting their own decision making in determining what is right for them.

Therefore, I propose in the final part of this paper to consider the possibility of texts that can potentially offer the same perspective into human nature and its challenges of suffering and addiction. Fiction demands that same interpretive, creative, self-examining work that has been explored above in terms of narrative as such. My suggestion is prompted by my interest in the particular author, his own history of suffering and endurance which grounds the stories experientially, and crucially my isolated use of his narratives with specific clients already. Much work would need to be done - and carefully - to consider the wider value in the practical situations of counselling, but here I present my assessment of the work of Elie Wiesel as narratives

that answer this spiritual need seen in both the theological and counselling disciplines already outlined.

4.1 Elie Wiesel: narratives of others' suffering

Elie Wiesel is a Jewish Romanian Holocaust survivor now a writer based in the US.

Wiesel has written about his camp experiences at length in his early work and its impact is still discernible in his later fiction. I will discuss characteristics I see in Wiesel's work that fulfil the transformative possibilities of narrative already highlighted. I will also discuss its spiritual significance, and why I believe his work is of therapeutic value for the recovering person. I have advised clients to read his work, including his biography *Memoirs: All Rivers Run to the Sea* (1995), *The Night Trilogy*, (1987), consisting of three novels, ⁸*Night* (1981), *Dawn* (1987), *The Accident* (1987) and *Conversations with Elie Wiesel* (Harry J. Cargas, 1992).

In terms of transformation, Wiesel's narrative is clear that he chooses not to let his suffering make him a victim of circumstances but allows his experience to transform him into a spokesperson for the Jewish people. Wiesel tells US writer Harry James Cargas that his writing,

‘Means to give testimony, to bear witness. In the Jewish tradition the witness is a kind of messenger. The witness says that is how things are...my function is to transmit what I have received and then to try to understand it; to communicate visions that other people cannot have or cannot express, either because they have not had them or because they were too afraid to acknowledge, understand or receive them.’ (1992 p.84)

Pain is transformed into a vehicle whereby critical life lessons can be learned. Wiesel believes ‘that suffering is not the answer suffering is only the question. What do we do with it?’ (1992, p.19). He emphasises ‘pain is inevitable ‘I want you to get the *meaning* of the pain not the pain’ (1992, p.127). For Wiesel, pain pushes his choice to write so the camps are never forgotten. ‘I knew the story had to be told. Not to transmit an experience is to betray it’ (1978, p.201). For several clients these words help them remember that they to have a choice (whether to choose abstinence or not, often being the first). Years of addiction may have destroyed their belief in choice, as the latter stages of addiction involve feeling that using drink or drugs is not a choice but rather a

⁸ *Night* was first published in 1958, *The Night Trilogy* in 1960. I have used the later editions dated and the intext citations are from these.

necessity. In addition, this narrative helps them to think about the meaning of *their* pain and learn that pain is a part of life rather than life treating them unfairly (an excuse which has fuelled relapses for some clients).

I will now turn to the spiritual value of Wiesel's work. In terms of spiritual development Wiesel is inspirational to some clients because of his brutal honesty about the pressures placed on his relationship with God by his life experiences. In *Night* (1981) he is clear that 'never shall I forget that nocturnal silence which destroyed me for all eternity, of the desire to live. Never shall I forget those moments which murdered my God and my soul and turned my dreams to dust' (1981, p.45). Many clients feel so defeated by their experience of addiction that they believe God has abandoned them or is a myth altogether. Thus, Wiesel's words are a relief for them; they know they are not alone. Wiesel is clear that his process of transformation was marked by feelings of angry rebellion, 'for the first time I felt revolt rise up in me. Why should I bless his name? The Eternal, the Lord of the universe...what had I to thank him for' (*Night*, 1981 p.43).

Wiesel discovers as do many of my clients that religious tradition does not work for him. I encourage clients to openly express their rage and disappointment in God; these powerful rebellious emotions require expression before we can start exploring viable solutions. Wiesel's rebellion against traditional Jewish Theology led some commentators to conclude that he did not believe in God, yet Wiesel writes 'I have never renounced my faith in God... sometimes we must accept the pain of faith so as not to lose it. And if that makes the tragedy of the believer more devastating than that of the nonbeliever so be it' (1995, p.84). Angry rebellion in this case does not mean destruction, which is what many clients fear, but the potential start of a new and changed world view which is what many clients need.

I will now discuss what I believe to be of therapeutic value in Wiesel's work. As discussed, Wiesel demonstrates a willingness to learn from pain, and he freely shares this with us so creating a powerful example for the recovering person attempting emotional fluency. *Night* (1981), *Dawn* (1987) and *The Accident* (1987), all describe what historian John K. Roth describes as Wiesel's dark 'night of the soul' (1978, p.59), a process also explored in Paper 1. All ask the 'question of how to choose life in a world of wrenching losses' (Roth, 1978, p.60), a process sadly familiar to most clients. Wiesel

‘chooses to describe rather than explain’ this choice notes historian Michael Berenbaum (1979 p.14), Roth enriches this argument. ‘Wiesel wisely chooses the life of a storyteller and not that of a philosopher or theologian’ (Roth, 1978, p.61), he does not demand or order but simply tells his story. This is inspirational for clients who have usually suffered at the hands of others telling them what to do; a story allows them to make their own choices. This may be a slower process than force or coercion, but my work reveals it to be an effective one. The positive change holds because it has been chosen not forced. As Berenbaum explains, Wiesel’s work proves ‘experience speaks louder than explanations and cannot be silenced by answers’ (1979 p.14).

The Night Trilogy (1987) is absolutely clear about Wiesel’s struggle with despair and hopelessness, a process clients are able to identify with. In *The Accident* (1987) even though the young man at the centre of the story has friends, and a woman who loves him he steps in front of a moving car. ‘On the 5th day I at last regained consciousness...I felt alone, abandoned...that I was still alive had left me indifferent or nearly so’ (1987, p.218). Hope dawns in the ‘nearly so’, Wiesel is aware that moving forward from despair is indeed difficult, but somehow, he finds himself pushed to do it. As Roth explains ‘accepting Moses challenge to choose life remains the hardest thing in the world...If such breaking does not teach us...how to be and not to be, can anything?’ (1978, p.65). Wiesel turns to fiction to question the limits of the spirit. Many clients feel absolutely pushed to the limit and reading about someone else experiencing this process helps them to know that they are not alone - and they feel understood. In addition, Wiesel and many recovering persons are testament to the fact that taking responsibility for their selves rather than blaming others facilitates their own healing processes and is of immeasurable value to their fellow man. ‘This is our twelfth suggestion: Carry this message to other alcoholics! You can help when no one else can. You can secure their confidence when others fail’ (*Alcoholics Anonymous*, 2001, p.89).

The therapeutic value of Wiesel is also discernible at the end of *Night* (1981). Wiesel hardly recognises himself, ‘from the depths of the mirror a corpse gazed out at me’ (*Night*, 1981, p.126). The corpse does not succumb to the grave but takes responsibility and rises from the ashes to tell a story that he feels he has to tell. ‘If we envisage literature and human destiny as an endeavour by man to redeem himself, then we must admit...the overall domination theme of responsibility, that we are responsible for one

another' (Wiesel 1992, p. 7). Wiesel's suffering does not break him, quite the reverse 'from this particular story (Wiesel's life) that I try to dram a story with universal lessons' (Wiesel, 1992, p.146). Wiesel's suffering has created a commitment to witness his *own* truth which contains a message whose themes of justice, self-responsibility, and integrity are of immeasurable value to my practice. When these qualities are incorporated into an individual's programme of recovery, I see how they facilitate the creation of strength, and self-esteem which are terrific antidotes to the self-loathing that feeds an active addiction. Wiesel's congruence is a powerful role model to clients, because as he concludes it is only through his being true to himself 'that we teach others how to be what they are and find some universal message of hope for us all' (1992, p.129). There is no doubt in my mind that when clients break free of the shackles created by addiction, and start practising being their real selves that within the challenges of daily life there is a potential for freedom and joy.

5. Conclusion

This paper has explored how narrative enriches my counselling practice and helps provide a spiritual perspective for clients. The work of Ricoeur and Haker reveals how narrative provides meaning and is crucial to the creation of identity themes both critical in the counselling process. A great deal of my work is grounded in PCC which names the skills I need to be an attentive listener, and fully present within the counselling relationship; processes which help the client discover resources within themselves. The kind of narrative I use is vital. The stories in *Alcoholics Anonymous* (2001) are clear about the experience and suffering involved in addiction, and how necessary some sort of spiritual experience is to facilitate recovery. The work of theologians like Tracy is I think right in comprehending a universal message in the Bible. Yet too much emphasis on a specific religion rather than the more generalised Twelve Step notion of spirituality may frighten clients and prevent their discovery of what *they* need to support their ongoing journey of recovery. Thus, the start of a dialogue about spirituality is provided by the Twelve Step, but I need to exercise extreme caution in advising other spiritual narrative as it may be too directive.

I believe the work of Elie Wiesel - much of which was created by *his* need to speak of his experience, and find answers is of value for clients searching for answers through counselling. Wiesel's adherence to writing about his real self means he is

unencumbered by the heavy burden created by the weight of others' expectations, and as clients have discovered neglect of this self makes them more vulnerable to the demands of these others. Wiesel's narrative reveals how through rage, questioning, and writing he finds some answers. Wiesel does not force his views on the reader, but his narrative encourages the reader to find their *own* solution. It is exactly this process that I endeavour (assisted by PCC) to mirror in my practice, whilst simultaneously creating a safe space for clients to explore their own emotional and spiritual narratives. Our work will potentially dilute previous emotional toxicity (fuelled by addiction) and allow the possibility of a new sense of self and spirituality to be realised. Thus, the relationship between narrative and counselling is a close one. My practice has been unequivocally assisted by narrative and its revelation through example (rather than demand) of how a client can enrich their own therapeutic and spiritual perspectives.

I have discussed how Wiesel's qualities of responsibility, honesty, and commitment to his real self are inspirational to clients as so much of active addiction is built on the opposite of these. I believe that there is much still to be done in terms of what counselling can learn from Wiesel and his work. In addition to early work discussed Wiesel's later work reveals a brilliant understanding of emotional health and spiritual difficulties. In 2009 he describes depression as being opposed to love, and an illness which is able to distort identity and bring about its loss and disintegration (2009, p.180). I would like to study further what Wiesel means by identity, love, loss and disintegration which are key issues for so many of my clients. Love and hatred are also critical themes in counselling, and in his *Memoirs* (1995) Wiesel is clear that hatred is never an answer a theme he explores in greater depth in *Dawn* (1987). I believe that further study of these themes in Wiesel's work would benefit many clients. Many are overwhelmed by hatred for themselves, their fellow man and experience the world as a place without hope. Narrative may allow them to find answers to some of these complex emotions within themselves, which may encourage them to start looking to internal resources rather than external addictions.

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Appendix 3:
**Paper 3: A Research Project Exploring Twelve Step
Spirituality with Practical Theology**

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A Research Project Exploring Twelve Step Spirituality with Practical Theology

Abstract

There are significant similarities between the Twelve Step programme of Alcoholics Anonymous and practical theology which my work will explore. I hope that my research will allow me to consider the addict's experience of Twelve Step spirituality with practical theology which will assist addicts who struggle with spirituality and add more rigor to spiritual emphasis in the Twelve Step programme. I will use Moustakas' heuristic methodology to analyse, and semi-structured interviews to generate my data. My chief objective is to enable clients to understand what helps their recovery by considering more closely what people have used for spiritual resources.

1. Introduction: my own context and how this has generated the title

I am an addictions counsellor. I have worked at rehabilitation centres in the UK, US, and completed group and individual work in the private and public sectors. At the present time my working context is provided by my private practice, which is populated by individuals at various stages of recovery from addiction. Crucial to that practice are principles in the Twelve Step programme (TSP) of Alcoholics Anonymous (AA), especially the commitment to total abstinence from alcohol and drugs, and the spiritual emphasis. For clients in the initial stages of dealing with their addiction I encourage attendance at Twelve Step meetings. The Twelve Step commitment to abstinence is supported by the Twelve Step fellowship, stories, and the experiences of other recovering persons described in ‘The Big Book of Alcoholics Anonymous’ (Alcoholics Anonymous, 2001)⁹. This context is crucial for client support and is one I discussed in Paper 1. (Graham, November 2013). The Twelve Step emphasis on spirituality also provides a platform I use to address spiritual concerns directly. As I will touch on in this paper, addiction is an illness that has a necessarily spiritual component, so the TSP offers a key entry point for that element of therapeutic discussion. What can be problematic is how the client understands this issue.

In addition to the TSP, I am greatly influenced by the work of Carl Rogers (2000) and the person-centred theorists who have followed him. His concepts of empathy, unconditional regard, and centrality of the therapeutic relationship are all important in my work. Interestingly my experience has taught me that at some point, recovering persons do wish to tell me their experience of spiritual bankruptcy endured as a result of addiction, and what this means in their lives. This process is helped by these Rogerian virtues and requires my sensitivity and awareness around potential client discomfort with discussing the spiritual.

My study of practical theology has made increasingly evident the similarities between this discipline and the TSP language of spirituality and that used by my clients. Practical theology is helping me develop an enriched understanding of Twelve Step spirituality. I would thus like to study this relationship in more detail.

⁹ The original texts of Alcoholics Anonymous were written in 1939 and 1952, I have used the 2001 and 2014 editions respectively for my in-text citations

2. Defining Twelve Step language

2.1 Addiction

Psychiatrist Philip Kavanaugh whose work (like mine) is grounded in addiction therapy considers craving, enslavement and obsession to be synonymous with addiction, and believes a great deal of addiction is about ‘misdirected energy’ (1992, p.63). There is an increasing body of literature that emphasises that addiction is about much more than physical dependency; it is a process that takes place in the body and psyche of an alcoholic so that s/he is no longer predictably in control if s/he takes the first drink. The TSP supports this view.

What gives the TSP further weight and proves the relevance of its programme are clinicians from other disciplines who acknowledge the spiritual and emotional complexity of addiction. For example, general adult psychiatrist and theologian Gerald May recognises that addictive processes are ‘essentially psychological phenomena’ (2000, p.305), but ‘they assume a spiritual significance as they attack the way one values oneself and one’s life’ (2000, p.305). Other thinkers outside the Twelve Steps, for example US addictions psychologist Harold E. Doweiko, recognise the Twelve Step spiritual component. He describes addiction as ‘spiritual insanity’ (1999, p.34). Linda Schierse Leonard a Jungian analyst describes addiction as - ‘Latin for an addict is *addictus*, which means to devote, surrender, deliver over or give oneself up habitually’ (1989, p.4). These opinions which concur with the TSP are included because they reveal the breadth and depth of Twelve Step philosophy. This fact is recognised by those like Leonard who are representative of a different discipline of psychology than the one my practice inhabits, yet even in this very different approach addiction is seen in spiritual terms.

2.2 Twelve Step understanding of spirituality

The spiritual perspective provided by the TSP is a key part of its recovery programme. Indeed, the language of spirituality is bound up with its understanding of how recovery is achieved. Recovery is the state of abstinence from all mood-altering drugs.

Spirituality is synonymous with this process, and spirituality in daily life comes first. ‘The spiritual life is not a theory. *We have to live it*’ (Alcoholics Anonymous, 2001, p.83). A critical belief in AA is that the cornerstone miracle for its members is the

achievement of sobriety having made ‘the decision to turn our will and our lives over to the care of God as we understood him’ (Alcoholics Anonymous, 2014, p.5). The TSP proposes that the central fact of each sober alcoholic’s life is the certainty that a creator (Alcoholics Anonymous, 2001) has entered into their lives and accomplished things that they could never do by themselves. Described as the promises of AA, these divine interactions are credited with the alleviation of numerous psychological problems (Alcoholics Anonymous, 2001, p.83-4). The emphasis throughout is on continued ‘surrender’ to this ‘Higher Power’ (Alcoholics Anonymous, 2001). The AA slogan ‘let go and let God’ does not mean let God do it all, but rather to let go of the principles under which the alcoholic has been unsuccessfully functioning, and adopt principles found in the TSP.

The Twelve Steps make it clear that spirituality need not necessarily be aligned to a God or an organised religion which may be punitive, indifferent or uncaring to some individuals (Alcoholics Anonymous, 2001), and agnosticism is not perceived as contradicting spirituality (Alcoholics Anonymous, 2001). The word ‘God’ is used in the literature to denote a Higher Power or spiritual energy which is simply defined as that which is positive and creative, explains therapist Father Joseph Martin (1997). It is the responsibility of each recovering individual to discover and build a spiritual consciousness that works for them (Alcoholics Anonymous, 2014). It may be found in nature, music, writing, the power generated by a recovering group of addicts, or the power of sobriety itself (Alcoholics Anonymous, 2001). There are diverse responses to this openness: Martin (1997) suggests that some individuals may strengthen or build spirituality through an already present fixed belief system, but in a similar period. William Miller (1999) was suggesting that a growing disillusionment with religions may actually block spirituality.

Building on belief that alcoholism ‘is an illness which only a spiritual experience will conquer’ (Alcoholics Anonymous, 2001, p.44), the evidence is that spiritual bankruptcy is recognised both within and outside the TSP. This legitimises the concern that recovery incorporates spirituality of some sort. Psychiatrist Christopher H. Cook (2009) discusses outcomes of thirteen studies – on addiction and spirituality and concludes that abstinence and spirituality are undoubtedly related (Cook 2009, p.150). Journalist Kevin Gray observes the anonymity clause in the TSP makes study of its success notoriously

difficult to obtain (2012, p.1). I understand the difficulties he is experiencing, the TSP specifies ‘anonymity is the spiritual foundation of our traditions’ (Alcoholics Anonymous, 2014, p.13). My relationship with all interviewees will make possible invaluable information on the resource provided by spirituality. Gray describes a study in the 2004 *Journal of Drug and Alcohol Abuse* which admits that the support provided by the TSP is helpful in maintaining sobriety.

3. Rationale for study

My research intends to provide an increased understanding and depth about what works for people seeking spiritual growth for the purposes of recovery from their addiction. I will do this by considering closely what people have used for their spiritual resources. The difficulties I encounter in my practice are defining the term spirituality, and helping clients better understand (and so use) this potentially most valuable resource.

3.1 Defining the term spirituality

The word spirituality is more frequently used in healthcare today, but there are problems with the slipperiness of the term - it can be challenging to define. Psychotherapist Patricia Casey (2013) observes that since the ‘turn of the millennium there has been a visible increase in interest among psychiatrists and psychologists in the role of religion and spirituality in... mental health’ (2013, p.20). Casey discusses the Royal College of psychiatrists who published a statement in 2011 stating that ‘spirituality and religion are at least factors about which psychiatrists should be knowledgeable’ because they have an impact on the treatment of mental disorders (2013, p.21). Psychiatrist Sarah Eagger, Chaplain Peter Richmond and Professor Peter Gilbert discuss an NHS study (2003) and observe that ‘meeting the varied spiritual needs of clients, staff and visitor is fundamental to the care the NHS provides’ (Department of Health, 2003, p.5). Thus, spirituality is receiving increasing interest in medical world. ‘It can be argued that spirituality is fundamental to humanity and therefore spiritual care should be considered appropriate for all clients’ writes Mark Cobb (1998, p.viii) Senior Chaplain of Sheffield University Hospitals.

Margaret Whipp, priest and oncologist defines spirituality ‘as the human concern for things that matter, a concern for meaning, value and relationship’ (1998, p.139).

Professor Charles Taylor elaborates that a spiritual interest is in ‘finding more to life

that our current definitions of social and individual success define for us' (2007, p.507). Thus, even a most established theologian - Taylor is clear that the spiritual is not necessarily exclusive to religion and may be found in human life and experience. These definitions most adequately cover all the differences in my practice and help clients who may have had a negative experience of religion. Whipp's definition is enriched by Martin (1984) who believes that spirituality is all encompassing, no one is excluded. Cobb argues more research is needed on the subject as he perceives that a health crisis 'may precipitate a spiritual challenge which may enrich or damage a person' (1998, p.iii). I agree, and this sentiment describes the spiritual rock-bottom that the TSP discusses.

The increasing use of the term spirituality is in some respects a new way of defining a problem that has been with us for a long time – the human seeking out ways to be reflective on the underlying meaning of life. This slant, i.e., looking for meaning and purpose in life is really helpful to clients who may struggle to understand what spirituality means. 'Religious questions deliberately ask the question of the meaning and truth of Ultimate Reality' writes David Tracy Professor at University of Chicago (1987, p.87). Taylor agrees 'I want also to look at our sense of what underlies our own dignity, or about what makes our life meaningful' (1989, p.4). Tracy and Taylor both argue that part of the human condition is looking for meaning in life, and religion or spirituality may facilitate this process. I would add that it most certainly can for clients seeking recovery. This argument strengthens the rationale for this study, i.e., how our understanding of humanness and experience of spirituality may be enhanced by practical theology. 'Any human being can ask the fundamental questions that are part of the very attempt to become human at all' (Tracy 1987, p.86). Tracy (1987) and Taylor (1989) admit that these questions are often prompted by suffering, which echoes my experience with those recovering; it is their suffering which prompts them to seek some sort of spiritual answer through the TSP.

3.2 Twelve Step spirituality within the Twelve Step programme

I have established that spirituality is becoming increasingly significant in more general healthcare. My professional context provides the focus of my rationale, what is going to be spiritually most effective for persons seeking recovery from addictions. The TSP's open naming of spirituality, and the guidance it provides on how to incorporate

spirituality into recovery provides a safe and contained framework for spirituality to be discussed. This is important as Cook notes spirituality ‘does raise complex and important questions’ concerning the appropriate observance of professional boundaries (2013b, p.10). Also Cook is concerned that though spirituality is receiving greater attention in terms of research and clinical practice, ‘theology by contrast continues to receive little or no attention’ (2013a, p.xi). In my first paper (November 2013b, p.15) I touched on some parallels between Twelve Step spirituality and the theology of Augustine which gave greater depth to Twelve Step spirituality and suggests there is room for more interaction between the TSP and theology. I found very little in my literature review on Twelve Step and practical theology, Cook describes how theology engages well with other disciplines (2013c, p.216), an argument which I will explore by considering Twelve Step spirituality as a form of practical theology.

The final part of this section concerns the importance of *who* to ask about Twelve Step spirituality. I am sure that the question of spirituality is best answered by those in a TSP programme of recovery. I need to ask recovering persons about spirituality, their experience of recovery, how helpful was/is spirituality, how they learned about it, and the resource it provides in their recovery today. Ultimately, I need to discover what the ‘operant’ theology is in what they call spirituality, and whether there is a pattern discernible that is useful. I need to allow the focus to be on the narrative given and find a methodology that allows the participants to feel listened to, encouraged, respected, understood and supported.

4. Research design and methodology

My aim is to focus exclusively and continually on understanding the individual experience and events being described. This process mirrors my counselling stance and is helped by my use of the person-centred approach. I need a methodology that allows me to really benefit from the first-hand experiences given. I am concerned about the possibility of being self-obsessed and using my own interest in the subject matter - in addition to possibly boring the reader with ‘me’. Dr Clark Moustakas, US psychologist and person-centred counsellor offers a solution to this issue, and to my concern with understanding the interviewees’ experiences. Moustakas describes heuristic methodology as one that begins with a question ‘or problem which the researcher seeks to illuminate or answer. The question is one that has been a personal challenge and

puzzlement in the search to understand one's self and the world in which one lives' (1990, p.15). This resonates strongly with me. Moustakas' heuristic approach encourages the researcher to discover the nature and meaning of the phenomenon, through first-hand accounts of individuals who experience it. Meaning is discovered not through theories, books or 'me', but rather the first-hand experience narrated. What clients feel, and how I can best help them to understand and manage these feelings is always a key focus in my counselling.

Moustakas writes that heuristic research came into his life 'when I was searching for a word that would meaningfully encompass the processes that I believed to be essential in investigations of the human experience' (1990, p.9). Moustakas explains that the 'root meaning of heuristic comes from the Greek word *heuriskein* which means to discover or to find' (1990, p.15). 'In heuristic methodology one seeks to obtain qualitative depictions that are at the heart and depth of a person's experience – depictions of situations, events, conversations, relationships, feelings thoughts values and beliefs' (Moustakas, 1990, p.38). This description is apt for my research question and the group of people I will work with. I want to focus on the first-hand depictions that name their experience. Moustakas describes how the self of the researcher stays present throughout the process, and understands the process researched with increasing depth whilst also experiencing growing self-awareness and self-knowledge. Moustakas describes the interviewees as participants. He believes that the research is a mutual enterprise; both parties have a great deal to learn from each other.

Moustakas (1994) described six phases of heuristic research as guiding unfolding investigations and compromising the basic research design. They are initial engagement, immersion in topic and question (individual interviews), incubation (analysis of transcripts), illumination, explication and finally culmination of research in a creative synthesis.

4.1 Initial engagement

A heuristic enquiry begins with an initial engagement by the researcher, and their internal search to discover, 'a commitment to pursue a question and a determination to discover a fundamental truth regarding the essence and meaning of one's own experience and that of others' (Moustakas, 1994, p.9). My addiction work over the last

twenty-three years has bred a keen interest in the significance of the relationship between addiction and spirituality, an issue I wish to explore further using the discipline of practical theology – I believe that interviews will work well to help me with entry into ‘the topic and the question’ (Moustakas, 1990, p.27).

One possibility is to ask clients in treatment for an interview, but I realise they are vulnerable. Indeed, they may be so intent on being ‘perfect’ recovering clients that they would feel unable to say no if needed. This leads me to consider therapists who are further progressed in their own programme of recovery. The depth of personal experience combined with their professional expertise will enrich the interviews, and this group are less vulnerable. I have a colleague who runs a good secondary care house for recovering persons in central London. This facility is staffed by a number of young recovering persons who all support each other. In addition, the organisation has a few associated therapists who are more senior, so there is a good cross section of individuals. I plan to complete twelve in-depth interviews and give each participant a recruitment information form, so they can identify whether or not they wish to participate in the research (appendix II).

These processes have helped me formulate four principal areas of questioning (Appendix I), with a total of twelve questions so that the nature of the quest is immediately apparent to the participants. I intend that direct questions will encourage interviewees to also reflect on what McCarthy describes thus, ‘there is no agreement about the exact nature of spirituality, it is clear that many people feel the need to explore the meaning and depth of their experience’ (2000, p.192). I am offering participants the opportunity to reflect on an aspect of their hard-won recovery, and perhaps is part of their wider wish to explore the meaning of their experience just discussed. Oliver Morgan, Professor of Counselling at Scranton also believes that spirituality may be rooted in human experience, ‘the roots of contemporary spirituality are to be found in an emphasis on human experience, in all its variety and pain as the immediate contact for God’s self-disclosure’ (1999, p.20). I agree, and this is another reason why I have chosen Moustakas because ‘the focus in a heuristic quest is on recreation of lived experience’ (1990, p.39). My first questions focus on the individual’s feelings about spirituality which will provide rich data about how they understand spirituality, spiritual

purpose in their recovery, challenges they experience (d) with it, and essentially what their conceptual context is.

In the second and third sections of my questions, I aim to facilitate some discussion about what spirituality means, the role it plays in ongoing recovery, and its purpose. My aim is to ascertain firstly how spirituality helped the individual into recovery, what works in spiritual terms for the purposes of addiction recovery, and the effect spiritual purpose has on daily life. Crucially my questions also open up the opportunity to see the diversity of what is meant by spirituality to each person. My fourth section will focus on how this spirituality was learnt. In light of how different peoples' 'Higher Powers' are, there will be many different kinds of sources and different language for thinking through spirituality. This will furnish resources for my practice and perhaps for the broader discourse round spirituality and a clearer understanding of its role in addiction and psychotherapy more widely. This may also uncover some interesting material about narrative, stories, and the impact they have had (as discussed in Paper 2). In heuristic interviewing (Moustakas, 1994) data generated is dependent on accurate empathetic listening, being open to oneself and the participant – I will therefore use a semi-structured interview in order to encourage open expression, elucidation, and disclosure of the experience being investigated. I plan that each interview lasts an hour in order to facilitate effective communication, offer consistency of investigation, and to encourage the participants to explore their experience of the phenomena being investigated.

Moustakas describes a typical way of gathering data using the heuristic method is through interviews (1990). The semi-structured interview is 'a managed verbal exchange' writes researcher Nigel Newton (Bristol University, 2010). Newton is convinced that clearly structured questions, good listening skills and the ability to prompt all create an effective interview. Newton describes a semi-structured interview as being between a structured one (which is closed questions and similar to types of questionnaires), and an unstructured one which allows an unchecked flow of conversation and Newton describes as being closer to observation (2010, p.1). I have chosen semi-structured interviewing as my questions will provide a backbone to the interview whilst also allowing the participants space and freedom to express their thoughts clearly and freely. The semi-structured format also makes it hard for me to pre-

empt their answers; the focus, as Moustakas advocates, needs to be on the experience described, not my reaction.

My counselling skills will help a semi-structured interview process. For some recovering persons the subject of spirituality and their healing is a personal and emotive one. Newton and Estelle King (Brunel University) describe how interpersonal skills, such as the ability to establish rapport, perhaps with humour and humility are important in this interview format, which will suit the personal material. Newton and King emphasise the relational aspect and trust which is needed between participants. King also specifies that therapist Carl Rogers' core conditions (2000) i.e., empathy genuineness and warmth which are, she admits, fundamental features of a counselling relationship, might be practically employed as active listening skills. She concludes that 'what is pertinent is that the core conditions originally specified by Rogers can be usefully applied in research interviews through employing active listening skills and open questions' (1996, p.184). Questions can also be used for the purpose of seeking clarification, 'and these may include probing' (King, 1996, p.184). All these techniques I feel are deeply resonant with using my therapeutic skills to manage the interviews and encouraging the participant to feel a degree of safety whilst knowing that what they say is respected and accepted.

Each participant will be interviewed in the place of their choosing and prior to the interview the purpose of the interview will be explained, confidentiality discussed, and an informed consent form completed (appendix III). It will be made clear to each participant that they can leave the research process at any time. Time for de-briefing will also be made available (appendix IV). I will make sure I leave thirty minutes after the interview, and if some issues arise afterwards, I am happy to spend one hour with the individual up to one month after the interview.

I am aware as King observes that 'learning how to define and create boundaries' (1996, p.176) in the interview is significant, and I agree with her observation that if I display core conditions a closer relationship could develop. This is another reason as to why I am choosing therapists they are emotionally more robust and aware of boundaries. The dynamics of a relationship with a colleague in this context are more straightforward; a client could want to see me for further work or suchlike, which is not my purpose - my

aim is good interviews, not expanding my practice. Though as said I will offer the hour for de-briefing if required and will have available a list of colleagues should counselling sessions be requested. All interviews will be transcribed and names that may identify a participant will be omitted and/or changed.

4.2 Immersion

My immersion in the topic has already started by reading TSP literature, professional contact with clients, meetings, reflecting on the title of my research, and discussions with close friends who are recovering. I have considered the immersion process at length, and I would argue that Moustakas' stance is somehow incomplete. Moustakas is convinced that the interview will yield full and complete depictions of the lived experience from the frame of reference of the experiencing person (1990) in which I can immerse myself. Yet I will be reading the material from my current standpoint which encompasses knowledge gleaned before and possibly after the interview. Therefore, the information given may well be honed, shaped or somehow influenced by my past and later education and experience. Thus, a better word than recreation might be refiguration or reinterpretation (as discussed in Paper 2) of events being described by the participants. Practical theology is especially aware of what we bring in terms of our own experience to the research which is also likely to impact the immersion process.

Moustakas is clear that the experience of each participant is not a text to be interpreted (Moustakas, 1994, p.19) but a comprehensive story ideally portrayed in vivid, accurate language. The depiction is complete in itself, interpretations add nothing to heuristic knowledge, but could remove the vitality from the essences of experience. The result thus consists of material voiced, emergent patterns come from the participants rather than being imposed or interpreted by the researcher. I would argue that Moustakas has missed that by developing 'portraits' I am already interpreting what I consider to be relevant, thus my perspective stamps the material fairly early on in the process.

I agree with Tracy, who writes 'interpretation seems a minor matter, but it is not. Every time we act, deliberate, judge, understand or even experience we are interpreting. To understand at all is to interpret' (1987, p.9). Thus, Tracy is suggesting that the participants are themselves already interpreting the experience they describe, and in order to understand it best I will interpret what this information means to me, and my

context. Though I am sympathetic to Moustakas' belief that the interviewee's depictions are complete, what this prompt is careful listening and respect for the interviewees' language, but my role as researcher is to find an additional tool that enables me to tease meaning from the contributions given, to articulate the practical theology in operation. I will turn to this in my next sections.

4.3 Incubation

Incubation is the next stage Moustakas describes it thus, 'incubation is a process in which a seed has been planted; the seed undergoes silent nourishment support, and care that produces a creative awareness of some dimension of a phenomenon or a creative integration of its parts or qualities' (Moustakas, 1990, p.29). I will need to reflect at length on the transcripts. Although I will use the six stages advocated by Moustakas, I need additional tools to really help me 'get into' the data and allow it to incubate most fully. I find Moustakas is quite vague on practical methods, and so more specific tools are needed to interrogate the data, given the semi structured approach that I plan to use.

Qualitative data analysis involves looking for explanations and understanding, and codified common sense explains practical theologian Dr Zoe Bennett (2013) – I agree. Bennett breaks this process up into three stages; transcription, coding and categorisation which I will come on to explain. I will complete transcripts (Moustakas, 1994) after each interview. While time consuming, this will enable me to get a thorough familiarity with the data. Moustakas (1994) recognises that organising and analysing heuristic data during my immersion and incubation process may take many forms. I will read and reflect on every transcript, and later (perhaps one month) I will re-read the transcripts and, on completion, make a brief list of topics. Notes, including quotations, descriptions of answers to each question and themes discernible in each interview will be created. Clark (1988) (cited in Moustakas, 1990) suggests this creates a 'portrait' of each individual participant's experience. Bennett (2013) describes this process as coding, and their suggested techniques (described in the next section) will help me develop enriched portraits.

Coding enables a much more comprehensive explication of the portrait process. Professor Pat Bazeley observes that 'coding data is the steady work component of the analytic process' (2013, p.15). The reflective and exploration processes (pre-coding)

that Bazeley describes are in keeping with Moustakas' approach and will help with my incubation process. To take the analysis a step further I intend to start coding data by making notes on each transcript, and memos which involves the transcripts on the left and a blank page for my memos on the right. My memos will be more general reminders to myself (as I read the data) which help develop my analysis further. For example, linking the data to other theories I know about, possible explanations that occur to me, and further questions I would have liked to ask – lines on both papers will be numbered. I will keep my research question in mind, and start to conceptualise, linking ideas to theories.

I will also keep a separate journal of reminders and questions I might have arising from the data – in fact I plan to keep a journal for the interviews themselves, and throughout. This process I see as vital to both incubation and illumination. Explication will be greatly assisted by what Bennett describes as categorisation. After I have completed the above process, I will group my data into underlying themes, which as Bennett specifies will be separate conceptual angles on the issue I am researching. They need to be presented in the form of concepts which directly relate to my research question. I am hopeful that these two processes will enable the qualities, core themes and 'essences that permeate the experience of the entire group of participants will be understood and a universal depiction is constructed' (Moustakas, 1990, p.68).

4.4 Illumination

The next stage illumination requires more reflection. Illumination opens the door to a new awareness and is 'altogether new discovery of something that had been present for some time yet beyond immediate awareness' (Moustakas, 1990, p.28). The stages described so far will help me with illumination. In addition, I am assisted by Elaine Graham's work in terms of learning to reflect which will help me with the illumination process. Graham recognises that western educational thinking has stimulated interest in the way we use our own experience which she sees as the 'root of critical understanding leading to action' (2005, p.5). This mirrors recovery, because reflection in therapy on the discomfort addictive experience creates often leads to a change in behaviours, for example abstinence from the harmful substance. Graham's work also adds weight to the relevance of the term participants, because she discusses the agenda for learning '*coming from the learner*' (2005, p.5). Graham explains how my reflective process

(encouraged by the research design) on the experiences described by the participants will also provide context for my developing (practical) theological understanding; this offers an appropriate balance with the meaning coming from the participant yet needing interpretation.

I see my ability as a therapist being of real help with the illumination stage which is recognised and explained by counsellor and researcher Kim Etherington. 'Reflexivity is a skill that we develop as counsellors: an ability to notice our responses to the world around us, other people and events, and to use that knowledge to inform our actions, communications and understandings' (Etherington, 2004, p.18). Etherington's work enriches Moustakas' belief that the illumination process 'requires that the researchers attend to their own awareness's, feelings, thoughts beliefs and judgements (1990, p.31). Etherington is clear that to be reflexive we need to be aware of our personal responses, and to be able to make choices about how to use them. We also need to be aware of the personal, social and cultural contexts within which we live and work and to understand how these impact upon the ways in which we interpret our world.

I see this as a vital part of my stance as a therapist, one that will potentially impact my research, and assist the process of illumination. Etherington recognises that the research topic often has personal significance for the researcher. At this point she advocates Moustakas' methodology as being advisable for 'it requires us to have personal connection with the topic of enquiry which inevitably leads us to self-examination, significant personal learning and change' (Etherington, 2004, p.110). This explains my process with my research so far. I also agree with Etherington that I will learn a great deal from the participants through their sharing of their spiritual experience with me which will also help with my own process of illumination.

4.5 Explication

Explication is next and is a development of the dominant themes realised in illumination. I have not gathered the data, so I am unable to fully discuss explication or the creative synthesis, but I will look at where I am with these processes to date. The purpose of explication is to fully examine what has been awakened in my consciousness so 'a more comprehensive depiction of the core or dominant themes are developed' (Moustakas, 1990, p.31). I have looked to those tools provided by practical theologian

Helen Cameron. Cameron et al. argues that Theological action research (TAR) locates itself within ‘a dynamic of distinct but interrelated and overlapping “voices”’. She explains that the authors have used ‘four voices as a device for making this complexity manageable as a heuristic and hermeneutic framework within which to understand the TAR processes’ (2010, p.54). Cameron understands these four voices as a ‘working tool rather than any complete description of theology’ (2010, p.54), and explains that they all overlap indeed ‘we can never hear one voice without there being echoes of the other three’ (2010, p.54).

The four voices that Cameron describes are those of normative, formal, espoused and operant theologies (2010, p.54). Cameron explains how espoused theology is what the participants are telling me; she describes it as the theology embedded within a group’s articulation of its beliefs. The operant theology is what I shall tease out of what they tell me, i.e., the meanings I pull out of the data given – what is really going on in practice, rather than what participants *say* is going on. Normative theology is concerned ‘with what the practising group names as its theological authority’ (2010, p.54). Thus, my task is to analyse the espoused, so I can discover what is operant. As self-reflective process continues the distinctions between these four voices will become increasingly relevant to further consideration of the data given.

I will use some of the formal voices I have already discussed in my first two papers, for example Janet Soskice (2007) and Richard Rohr (2011) to create fresh perspectives on what I am being told. Formal theology is the respective theological authority’s dialogue with different disciplines, what Cameron describes as the ‘theology of theologians’ (2010, p.54). The formal and normative voices will be important to the final synthesis to shape theological reflection on the voices from the data and my analysis. Cameron is convinced that ‘what becomes essential in this (research) task is a practical and attitudinal commitment to a complex theology disclosed through a conversational method’ (2010 p.56). This also points to the suitability of the semi-structured interview format already discussed.

A key motivation behind using TAR’S four voices method of explicating the complex elements at play in my data and analysis is the significance the discipline of practical

theology may hold for the TSP. Practical Theology definitions of spirituality profoundly echo TSP views:

‘Practical theology is a dynamic process of reflective, critical enquiry into.... God’s purposes for humanity carried out in the light of Christian scripture and tradition and in critical dialogue with another source of knowledge. As a theological discipline, its primary purpose is to ensure that the church’s public proclamations and place in the world faithfully reflect the nature and purpose of God’s continuing mission in the world, and in doing so authentically addresses the contemporary context into which the church seeks to minister.’ (James Woodward and Stephen Pattison, 2000, p.12)

This correlates with the TSP exactly, the TSP was created in 1939 to address a contemporary problem in USA – alcoholism. It is a set of spiritual concepts based on the Christian tradition (though this does not exclude other religious traditions from TSP) created by two alcoholics desperate to stop drinking - Bill Wilson and Dr Bob Smith. ‘Their (Smith and Wilson) conversation of shared pain and hope eventually led to a strategy for approaching other alcoholics and to providing hospital stays for them with a dose of AA philosophy’ (Morgan 1999, p.9). Wilson and Smith also realised that what they had created needed to be in ‘critical conversation’ with another source of knowledge: ‘Inquiry by scientific, medical and religious societies will be welcomed’ (preface to Alcoholics Anonymous, 2001 p.xiv). This suggests to me that TSP is indeed practical theology in action. I would argue that further explication is provided by practical theologian John Swinton. Swinton perceives a religious community aiding depression; in exactly the same way a meeting offers help to the suffering person. Like TSP religious community protects against isolation, provides supportive networks, and offers spiritual support in times of adversity (Swinton, 2000, p.71).

4.6 Towards a creative synthesis

The final part of heuristic research is creative synthesis. By this point I will be very familiar with all the data gathered, and I will be able to organise all components and ‘core themes into a creative synthesis’ which in this instance will take the form of a narrative (Moustakas, 1990, p.32). I am unaware at present how my synthesis will look. I argue that my synthesis could provide help with several problems in spirituality and healthcare that have become apparent in my research so far – that I will now describe.

The Royal College of Psychiatrists statement discussed earlier observes that ‘an ability to handle spiritual and religious issues sensitively and emphatically has a significant

potential impact upon the relationship between psychiatrist and client’ (Casey, 2013, p.21). Thus, in a healthcare system taking spirituality more seriously, offering a richer sense of what people find spiritually significant is important for offering practitioners and clients better tools and method for finding spiritual support – hence my research. Eagger, Richmond and Gilbert observe that though spirituality is a part of the of the professional code of practice for healthcare professional ‘the issues round delivering such care (spiritual) are indeed complex’ and they agree that spiritual services need to be ‘effective equitable, and better able to respond to those who call on them’ (2010, p.207). They conclude that spiritual care is important in healthcare but ‘an inclusive approach that recognises user’s self-identity in terms of mind body and spirit is needed’ (2010, p.206).

Swinton (2000), Christopher Cook (2009, 2013b) and others recognise that spirituality is not paid enough attention in mental health (of which addiction is part), and Swinton admits ‘despite the body of literature that suggests spirituality can be an important body of healthcare and development, there remains a degree of ambiguity (2001, p.68). My aim is that the findings provided by practical theology in my creative synthesis help clarify the professional ambiguity about spirituality. Finally, and significantly Morgan is adamant that ‘the notion of a spiritual component was and continues to be the most controversial and most misunderstood elements in AAs understanding of illness and recovery’ (1999, p.9). In this way I have a sense of where my findings will point me without dictating the outcome.

5. Conclusion

As I started my doctorate, I noticed significant similarities between Twelve Step practice and practical theology, which I reflected on whilst reading about spirituality and the TSP. Several themes were prevalent - the key role of spirituality in treatment for addiction, and how spirituality may have an increasingly significant role to play in other areas of healthcare which substantiates Twelve Step claims. What I have discussed in this paper is the process of recovery from addiction, and the key role of spirituality therein. I intend that my methodology will facilitate a more in-depth exploration of these questions, and also focus on how effectively the Twelve Steps communicate and educate recovering persons about this spirituality. My overarching intention is to help clients better understand what can help their seeking meaning for the purposes of

addiction recovery by considering more closely what people have used for their spiritual resources. I argue that my work will also add more academic weight to spiritual concepts so giving them more gravitas in the psychiatric world. This will enable more research and better training which will help the efficacy of future addiction treatment.

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Appendices

Appendix I: Interview questions

1. The process of recovery

- 1.1 What does the word recovery mean to you?
- 1.2 How important was/are Twelve Step principles in your programme of recovery from addiction – what sort of role did/does it play?
- 1.3 The TSP advocates that a sense of the spiritual is essential in a programme of recovery – how do you feel about this point?

2. Your recovery and spirituality

- 2.1. The TSP describes itself as a spiritual one – what does the word spirituality currently mean to you/how would you define it?
- 2.2 What is your understanding of the connection between spirituality and (your) health?
- 2.3 What sort of role did spirituality play in your life pre-recovery? Indeed, did it play a part at all? What were your views at this time on the subject?
- 2.4 Twelve Step literature describes ‘spiritual bankruptcy’ as being a part of active addiction. Was this your experience and if so, could you tell me about that process please? Did this experience play a significant role in instigating any change?

3. The effect of spirituality in your life today

- 3.1. What has been the nature of your pathway through recovery? I.e., has it been: Troubled? Peaceful? Exciting? A relief? Has spirituality played a role in these (possible) processes?
- 3.2. Please comment upon spirituality but also other aspects of people/therapies/aspects in life that have helped your recovery and how/why?
- 3.3. Are there any additional steps you have taken/take to ensure a strong spiritual programme? If so, what are these steps please?

4. How you were educated about spirituality in the TSP

- 4.1. How did you access/experience the spirituality that the TSP advocates is essential for recovery? If you had a previous belief system (of any sort) perhaps you could tell me how it has developed /enhanced your recovery?

4.2. Please, could you tell me how/did Twelve Step meetings/community facilitate a sense of the spiritual for you – did they?

4.3 Did the stories you heard in Twelve Step meetings, education you received through Twelve Step texts, and the experience of other recovering persons help you develop a sense of the spiritual? – If so how?

Appendix II: Recruitment information

My name is Virginia Graham. I am in the third year of my PhD in Practical Theology.

I have started work on a thesis entitled: *A Research Project Exploring Twelve Step Spirituality with Practical Theology*.

I am interested in discovering more about the significance of the role played by spirituality in coping with recovery from addiction. I intend to focus on how the spiritual resource utilised by recovering persons can be enriched by examining in detail its relationship with practical theology.

I aim to ask 8 participants in recovery and interested in spirituality to discuss their experience of spirituality and recovery. I have devised some questions, which should yield rich data.

Each interview will last for forty-five - sixty minutes. I intend the emphasis to be on information provided by the interviewee rather than my line of questioning. Participants may withdraw from the project at any point.

Thank you for agreeing to participate.

Virginia Graham

Margaret Beaufort Institute of Theology

12 Grange Road

Cambridge CB3 9DU

Tel: +44 0 7545815172

Supervisor: Dr Amy Daughton, Director of Studies, Margaret Beaufort Institute of Theology and Affiliated Lecturer, Faculty of Divinity, University of Cambridge: ald36@cam.ac.uk, 01223 041039

Appendix III: Informed consent form

I agree to participate in this dissertation, entitled, *A Research Project Exploring Twelve Step Spirituality with Practical Theology*.

I will meet with Virginia at a time suitable to myself at her or my consulting rooms in London.

The interview will be taped, and the contents transcribed and used as material in the research project.

My consent is strictly voluntary and remains so at each point of the procedure. I may withdraw from the study at any point and request the data be destroyed.

Every measure possible will be taken to protect my confidentiality:

- Changed name
- Omitting any information that may reveal my identity. Data will be secure.
- Tapes destroyed or returned to me at the end of the study.

I have read and understood the above and agree to participate on the conditions described.

Signature: -----

Date: -----

Appendix IV: Debriefing information

The aim of my research is to explore spiritual resources, and how they may have helped you in your recovery from addiction.

Should any emotional discomfort, questions or re-evaluation occur due to participation, the following members might be helpful.

- Alcoholics Anon Helpline: 020-7833 0022
- Narcotics Anon Helpline: 020-7730 0009
- If you decide counselling might be required, please ring the Florence Nightingale Helpline on 020-7535 7700 and ask for an assessment (no charge necessary) or ask me for a recommendation.

Copies of the dissertation will also be available to read in the university library. I will not initiate a discussion with the informant about material divulged after completion of the interview. Participants may withdraw from the project at any time, and/or request any information given be destroyed.

Thank you

Appendix 4:

Consent Form



NAME OF PARTICIPANT:

Contact details:

Version number:

Title of the project: *'A Research Project Exploring Twelve Step Spirituality with Practical Theology.'*

Main investigator and contact details: Virginia Graham
virginia.graham@student.anglia.ac.uk tel: 075458 15172

Members of the research team: Virginia Graham

1. I agree to take part in the above research. I have read the Participant Information Sheet (date.....PIS number.....)
I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
2. I understand that I am free to withdraw from the research at any time, without giving a reason.
3. I am free to ask any questions at any time before and during the study.
4. I understand what will happen to the data collected from me for the research.
5. I have been provided with a copy of this form and the Participant Information Sheet.

6. I understand that quotes from me will be used in the dissemination of the research
7. I understand that the interview will be recorded.

Data Protection: I agree to the University¹⁰ processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me*

Name of participant (print)..... Signed.....
Date.....

PARTICIPANTS MUST BE GIVEN A COPY OF THIS FORM TO KEEP
ADD DATE AND VERSION NUMBER OF CONSENT FORM.

WISH TO WITHDRAW FROM THIS STUDY.

If you wish to withdraw from the research, please speak to the researcher or email them at (add email address) stating the title of the research.

You do not have to give a reason for why you would like to withdraw.

Please let the researcher know whether you are/are not happy for them to use any data from you collected to date in the write up and dissemination of the research.

¹⁰ 'The University' includes Anglia Ruskin University and its Associate Colleges.

Appendix 5:

Participant Information Sheet



Section A: The Research Project

1. **Title of project:**

'A Research Project Exploring Twelve Step Spirituality with Practical Theology'

2. **Brief summary of research.**

I intend to interview eight recovering persons about their recovery. I wish to discover what type of role spirituality played in their recovery, how significant it was, and the role it continues to play today in their ongoing journey of recovery. The questions will take the form of a semi-structured interview, and will focus on the individual's recovery and spirituality, and how they were educated about spirituality. I will send the question sheets plus all recruitment information, a consent form, and debriefing information to the participants three weeks prior to the interview. This way the participants are able to check that they feel comfortable with my line of questioning, and it is in no way stressful. If there is any distress about my proposed line of questioning participants are welcome to withdraw at any point.

3. **Purpose of the study**

This research is part of my DProf at Anglia Ruskin University, Cambridge Campus.

4. **Name of Supervisor**

Amy Daughton. Amy would be delighted to answer any points/queries participants might have. Her email is ald36@cam.ac.uk. Amy is based at Margaret Beaufort Institute, phone 01223 741039.

5. **Why have I been asked to participate?**

I am asking participants to participate because they are a member of the XXXXX therapy team and have been open about letting me that they are in a programme of recovery and feel at ease being interviewed by me about the role spirituality

played in this process. Thus, myself and the participants have had prior informal discussions about the research, and they have already expressed an interest, and so comfort about sharing spiritual experiences - which mitigates risk in terms of any potential emotional discomfort you may experience.

6. **How many people will be asked to participate?**

I am planning to complete 8 interviews.

7. **What are the likely benefits of taking part?**

It is unlikely that there will be any direct benefits to the participants. The questions and the hour the participants and I spend together may yield some useful information for spiritual direction, and personal reflection.

8. **Can I refuse to take part?**

Yes of course. All participants can refuse to take part without giving a reason. Under no circumstances are participants in any way coerced into taking part.

9. **Has the study got ethical approval?**

My study has ethical approval from an ethics committee at Anglia Ruskin University.

10. **Has the organisation where you are carrying out the research given permission?**

I obtained permission from the CEO – the ‘gatekeeper’ of a rehabilitation centre to carry out research with the team. However, though this constituted general permission to approach participants, it is the decision of each person whether they would like to take part in my research.

11. **Source of funding for the research, if applicable**

Self – funded.

12. **What will happen to the results of the study?**

My thesis will be written up and available to read at Margaret Beaufort Institute, 12 Grange Road, Cambridge. CB3 9DU. I may publish some elements of the report in appropriate theological or psychological journals – all identifying elements of participants will be excluded in such writing.

Contact for further information

Please do feel free to email me at virginia.graham@student.anglia.ac.uk. My mobile is 075458151 72. The number at my place of study, Margaret Beaufort Institute is 01223 741 039.

Section B: Your participation in the research project

1. What will I be asked to do?

I will ask each participant to set aside 45 - 60 minutes for a semi-structured interview (though I will leave an extra 30 minutes in case any participant requires the extra time to discuss any issues that might arise from the interview). I plan on meeting once for the interview. The venue will be a place of the participants choosing – perhaps the participants office in central London or my own office. We can discuss where is most comfortable. It will be just me and the participant present. I will go through the questions with each participant. I will tape every interview which will then be transcribed by me for the purposes of this research. Participants will be allowed to contact me up to one month after the interview in case there is anything else, they would like to discuss, or there are some issues that may have arisen after the interview that need further clarification. I will also have a list of colleagues who are able to offer some ongoing counselling sessions if any participant should feel that the interview has brought up any issue which requires further exploration. Every measure will be taken to protect the participant's confidentiality, names will be changed, any detail (including gender) that may reveal their identities will be omitted. The tapes will be kept in a locked filing cabinet and destroyed once I have finished my study.

2. Will my participation in the study be kept confidential?

The participation of each participant in this study will be kept confidential. I will not discuss any individual's participation with anyone else. I plan to change names and omit any identifying detail; all data given will remain anonymous. There may be identifying features in the stories – I will limit those as much as I possibly can. I may need to keep elements that are needed to make sense of the data. I am happy that participants choose (or not) whether to check the transcripts before I start analysis. I will record whether the participants wish to do this or not.

My tutor Amy Daughton will have access to participant data, but by this point I will have transcribed the tapes, and they will be in an anonymised format.

The results will be written up in anonymised format, and every attempt will be made to ensure anonymity, but it may not be possible to guarantee complete anonymity. It is possible that you the participants may be identified by colleagues,

peers or the general public. The likelihood will decrease with the anonymised format.

3. I plan to use quotes from participants in dissemination, which increases the likelihood that participants could be identified and therefore the participants need to know that I plan to do this – every participant is welcome to request that I do not do this with their interview. (Please see the consent form).

4. **Use of recording equipment.** I am carrying out interviews and planning to record them, they will be kept at my home in a locked filing cabinet.

5. **Will I be reimbursed travel expenses?**

If participants are required to travel, I will discuss the matter of travelling expenses verbally with each participant, most will need to be in the office anyway. I am prepared to cover taxi costs should we go into the evening.

6. **Are there any possible disadvantages or risks to taking part?**

This research includes risk of boredom, fatigue or participants becoming distressed from the questions I ask. Should any of the above occur each participant is welcome to a rest break, or to request withdrawal from the project. In addition, I will provide details about additional counselling support from a colleague, and/or a psychiatric evaluation and appropriate treatment at Nightingale Psychiatric Hospital Lisson Grove, London NW1. There is a risk to confidentiality (e.g., the chance of participants being identified from dissemination), but I am hopeful that my anonymised format makes this unlikely in the extreme. I also state that agreement to participate in the study does not affect participant's legal rights.

7. **Whether participants can withdraw at any time, and how.**

Participants are able to withdraw from the study at any time and without giving a reason. They may email or telephone me to inform me of the decision which I will respect. I am happy to destroy all data, or with permission I will use it. Therefore, the participants have the option to withdraw from the study and have their data removed or to withdraw, but still be happy for me to use any anonymised data collected up to that point. I will also remind participants when it is the last approximate time to withdraw your data, given it will not be possible once I have written the research up for my degree. Also, I would remind participants that they do not have to answer any questionnaire or interview questions that they don't wish too.

8. **Whether there are any special precautions you must take before, during or after taking part in the study.** If there is any information that the participant may tell me, that I consider necessary to disclose to someone else (e.g., if I feel they are at risk, or posing any risk to your clients), I will discuss my concerns. If discussion was unable to resolve these concerns, I would let the participants know that I was going to take this matter to the CEO at the rehabilitation centre.
9. **What will happen to any information/data/samples that are collected?**
All data will be securely held until I have completed my study in 2020. After this point the data will be destroyed. Personal identifiable information (e.g., consent forms) will be kept separately from the data. Participants will be assigned a code number and identifying information will be separated from the data at the earliest opportunity. All electronic files will be kept behind password protection, and any hard copy will be locked up when not in use. Participants can request any information pertaining to them to be released.
10. As explained, I am carrying out qualitative interviews with participants. Participants may request to read a copy of their transcript, I am happy to comply with this, and supply them a copy of their interview.
11. I will send participants a summary of research findings wherever possible. This will be a summary rather than their individual results. Or in the interests of confidentiality, I am happy to give them these findings by hand for safety reasons.
12. **Contact details for complaints.**
If the participants have any complaints about the study, I would encourage them to speak to me or my supervisor in the first instance. I also include contact details below about Anglia Ruskin University's complaints procedure.

Email address: complaints@anglia.ac.uk

Appendix 6: Data Analysis Step 1. An Example of the Interviews: Colin.

Emergent themes	Original transcript	Exploratory comments
<p>Recovery cannot happen without remission from active addiction – the importance of action in the TSP.</p> <p>The emphasis in the Minnesota Model is how action plus abstinence equals change.</p> <p>When the addiction has gone, the real self can be</p>	<p>VG: I'm getting the hang of this gadget just, so I'm going to, if I may, put this next to you, thank you.</p> <p>OK, that's wonderful. OK so, there are four sections on spirituality and recovery and the first section really is looking at the process of recovery and, I wondered Colin what the word 'recovery' means to you?</p> <p>COLIN: OK, that's a good question. I think recovery to me means a few things, I think first and foremost it involves putting one's addiction into remission because I think unless that happens nothing else can happen. I think that is very much phase one of recovery,</p>	<p>I was worried Colin had articulated that he wanted to do the interview but when I spoke to him verbally, I sensed what I thought was hesitation. I assured him there was absolutely no pressure from me at all. Colin said it was fine, and giving the interview was a great chance for him to do service – huge emphasis in TSP on the benefits of giving back/service – TSP says can only keep what we have by giving it away.</p> <p>Colin is very firm and very articulate from the word go. Recovery starts with abstinence from all mood-altering drugs (i.e., remission) – without this recovery is not even possible. He is right – and really echoes TSP emphasis on right action and how important this is. Nothing happens without the action of not taking that first drug/drink.</p> <p>He is right, without abstinence recovery simply cannot happen.</p>

<p>recovered which means hope.</p> <p>Again, recovery is abstinence plus change.</p> <p>Abstinence allows the individual to reconnect with their real selves.</p> <p>Addiction is indeed the rapacious creditor that Bill W discussed – and takes everything in its path – including the self.</p>	<p>putting down the substances or the behaviours or whatever it is which has been sabotaging your life. I think through that and because of that one is able to rediscover who one is supposed to be, who one can be, to reconnect to what is important rather than what felt important um, and...and...and to recover, you know, a kind of sense of self and of possibilities which we always had but got lost along the way. Um, you know, they say recovery equals abstinence plus, change and that's a pretty good equation and it's the change part really which is the exciting part. Obviously, the abstinence is essential for the change to happen but it is the change which is really exciting. Um, so I suppose that's what recovery is</p>	<p>When the drugs and/or addictive destructive behaviours are put down Colin argues that the real self can be recovered – one can connect to who and what is important. I think by the possibilities what Colin means is one can recover a sense of hope which is brutally destroyed by active addiction.</p> <p>A good TSP definition of recovery is abstinence plus change – though a lot of recovering persons are fearful of change which is why they stick to their addiction.</p> <p>Abstinence is the building block, the foundation of the change that recovery can then instigate. Colin is really excited by this change.</p>
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<p>Recovery is initiated by Twelve Step spiritual principles and working a programme.</p> <p>Twelve Step principles are ESSENTIAL – for all aspects of life, and crucial to recovery process - especially the virtues of willingness honesty and kindness.</p> <p>Twelve Step principles versus false gods of addiction – the idolatrous nature of addiction.</p> <p>Addiction becomes the god.</p>	<p>key ones are open-mindedness, willingness, honesty and add in</p> <p>humility, kindness, anything which is a sort of power for good I suppose.</p> <p>Absolutely essential, and hopefully [they] inform all my choices and all my behaviours. Now, like anyone else I am never going to bat at 100% so I will come up short, you know, sadly more often than I would like. But if I am aiming for, you know, perfection, I will just fall a bit short. But that's OK. But I think, you know in active addiction all those spiritual principles got completely abandoned and forgotten and it was all about me and serving my needs and my addiction and my false Gods if you like.</p>	<p>He acknowledged he is not perfect – and he has made peace with this as well. A lot of suffering person/s are perfectionists, and it does not work.</p> <p>Notice how recovery equates life.</p> <p>Recovery and Twelve Step principles really provide an excellent backbone/guide for living. Its ok to be fallible – the Twelve Steps provide a plan for dealing with human fallibility on an ongoing basis. The importance of a spiritual/good programme in order to recover. Recovery is about much more than putting the substances down – it involves a change in the way one lives life.</p> <p>The idolatry involved in addiction.</p> <p>Colin is making peace with his human imperfections. Active addiction is brutal and took all his values with it – he abandoned and forgot a very important part of himself – which would have increased the feelings of self-loathing that always accompany addiction. All his energies were focused on serving his addiction – his false Gods –</p>
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<p>He totally lost his real self in active addiction.</p> <p>The TSP provided a guide when he had exhausted all his own ways/methods of trying to manage addiction – self-will is obsolete.</p>	<p>VG: Yup, yup.</p> <p>COLIN: And so, now it has to be about doing things differently, you know, very much step 2, my way ended in treatment, let's try something new, something different. Of course, when one tries that and one sees that it works very nicely thank you very much, then the faith of step 3 comes automatically. And, you know, it makes sense that if I am trying to be the best I can be, if I am trying to good, then I will probably get a lot of that back, from the world, from karma, from whatever it is. Also, I will be able to go to bed and sleep well knowing that I had a good day.</p>	<p>there is a lot of inference here about the idolatry of addiction, and/or addiction being an idolatrous process.</p> <p>Colin recognises that recovery is all about doing things differently – Step 2 is about the insanity of the suffering person/s and their addiction. Step 2 is thus admitting one's own insanity which open the door to try a new way which is step 3. So, faith opens the door to a new life, one run on faith rather than the self-willed ways of addiction.</p> <p>Colin speaks very authoritatively – he is utterly convinced by TSP the whole way through and I am really impressed. It sounds and feels as if TSP allowed him /gave him the means to turn his life around.</p> <p>Colin suggests that how he sees and treats the world will be reflected right back. Most importantly of all if he behaves in a way in keeping with his own value system, he acquires inner peace and can sit comfortably with himself.</p>
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<p>His own ways had left him desperate which was a gift – this desperation ripened him so he could embrace another way. He knew at this point he was certainly ‘not God’.</p> <p>GOD acronym for – gift of desperation</p>	<p>VG: Yup, so in terms of the 12-step principles, it sounds like they were important in getting you in to recovery. Was there anything when you first came in COLIN was there anything about the 12-step programme that really spoke loud and clear to you?</p> <p>Do you remember?</p> <p>COLIN: To be honest I was so desperate I would have done anything you told me to do. If you had said go and paint that house I would have gone and painted that house. I had what they call ‘the gift of desperation’ which is a wonderful thing which sadly, as a therapist I don’t come across very often. But as a 37-year-old at the time alcoholic, addict, who badly wanted to do things differently I would have done anything. But, you know, I think that yes, so many important things, you know, the acceptance of the issue, the acknowledgement that this is...that this is</p>	<p>In Twelve Step meetings, they talk about the gift of desperation which Colin explains succinctly. Addiction does bring suffering person/s to a place where they will do anything to change – they feel unable to go on as they are. This is understanding powerlessness on every level - Step 1. This is the foundation upon which TSP is built.</p> <p>As a therapist I agree with Colin, and I breathe a sigh of relief when this point is reached by clients because at that point an openness to TSP principles and accepting abstinence becomes a very real possibility. It has become obvious that the suffering person/s ways do not work – there must be another way and a power greater than the suffering person/s.</p> <p>I am aware the word desperation is used quite a lot.</p> <p>The experience of desperation creates knowledge – that is he can’t manage his addiction on his own. So, he realised his powerlessness in the face of his addiction.</p>
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<p>Life needs to be done <i>differently</i>.</p> <p>The importance of humility and the knowledge of our powerlessness over addiction – and this need for outside/spiritual help.</p> <p>The experience of addiction created acute unmanageability.</p> <p>This experience taught him that he cannot solve the problem of addiction alone.</p>	<p>COLIN: I knew that from when I crawled into Kenilworth Clinic.</p> <p>COLIN: I'd been to Tavern Cooloo (SA) (REHABS) the May of 2007 and I spent two and a half three weeks there which was rather unsuccessful but in retrospect probably rather successful in priming me.</p> <p>VG: Yes absolutely.</p> <p>COLIN: I had come back to England and had a hideous relapse. I crawled into Kenilworth with a big open wound on the back of my head from where I went through a glass window feeling suitably sorry for myself, you know. I um, I realised that this problem was not going to be solved by me alone and therefore, I'm not a religious person</p>	<p>Colin describes the different rehabs he went to in SA – and how relapsing was all part of his journey. Addiction is called a relapsing illness, and no doubt some clients need a couple of goes at TSP before they really 'get it' and stay abstinent.</p> <p>Colin physically injured himself because of his addiction – he crawled back to treatment utterly defeated by his own addiction and knew this was a problem he could not fight alone and unaided anymore.</p>
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<p>Recovery cannot be done alone – the importance of fellowship and connection.</p> <p>Relationship with HP is sought and developed with prayer.</p>	<p>but I thought maybe I will try and enlist a little bit of help. It can't do any harm can it? I prayed that day and I think I've prayed every single day since for eight and a half years. Occasionally I'll forget when I'm on holiday or something but normally I pray when I leave the house and I'm walking to the tube station, I'll say my prayers every day.</p> <p>VG: Do you mind me asking what form your prayers take? Is it sort of conversation or chat? Is it a two-way process or a one-way process?</p> <p>COLIN: No, it's...it's...it's one-way process it's me being grateful primarily. It's me asking for help, normally for other people, people who need it around me, it's asking</p>	<p>The damage caused by his addiction had bought him to a place of complete despair. He starts to pray because I think he has tried everything else – and it can't do any harm. This reminds me of Wilson and Silkworth's observation that for Wilson religion may have been the 'only option left'. Colin starts praying, and has not stopped since, the way he spoke about his prayer sounded so natural and yet so vital.</p> <p>Colin uses prayer to express his gratitude, and to ask for help often for others as well as for himself. This is a daily process.</p> <p>He uses the same formula – probably the same words every day. It sounds like this familiar routine creates a feeling of safety for him.</p>
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<p>The importance of ongoing/daily contact with HP.</p> <p>God is all powerful – and for recovery Colin knows that he needs to be open to Gods way – i.e., Step 3.</p> <p>The recovering person attempts to align their will with that of HP. Our will is not necessarily right!</p>	<p>for help for myself. It's very formulaic, it's the same words probably every day, it's just how it's formed over time and it's...it's...it's very one-way and on my understanding that if I am open then God will talk back through whatever media He chooses. Obviously, He's God, right? So, he can choose any fucking medium he wants, whether it's something I read, or something my sponsor says to me or something my client says to me. He can talk to me in anyway, He wants, so as long as I'm open to understanding that my opinion is not necessarily the right opinion.</p> <p>VG: Right, that leads into my next prompt really which was the 12-step programme advocates that a</p>	<p>What does change though, is how God responds – it can be through a variety of different mediums. I have heard lots of recovering suffering person/s say this – that they often hear the word of God through others, through the fellowship, and/or a peer or sponsor.</p> <p>God is all powerful Colin suggests so can use any medium he wants. The main thing for Colin is maintaining a sense of humility to the fact that his way is not necessarily the right way – he is aware of the self-will of suffering person/s – and knows that God will provide the right guidance not his necessarily!</p> <p>As Kurtz says (1991) the suffering person is <i>not God!</i></p>
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<p>A spiritual programme is absolutely essential for recovery.</p> <p>Spirituality is the solution – self-will does not work.</p> <p>Addiction is all about a void – a deep sense of isolation – internal and external.</p>	<p>sense of the spiritual is essential in a programme of recovery. How do you feel about that point?</p> <p>COLIN: Oh, I think that is absolutely correct.</p> <p>I think that addiction is a spiritual malady and therefore, it clearly needs a spiritual solution. I think addiction is all about lust, trying to fill a void, for me I could actually physically feel it in my chest.</p> <p>I wanted to pour enough Stella Artois into that for it to go away or fill up or something to get it to fuck off really but it never did obviously. So, if addiction is all about a spiritual malaise a spiritual illness, then by definition it needs a spiritual solution and we tried fixing it through medicines and chemicals and as the</p>	<p>Colin agrees that addiction necessitates a spiritual recovery – it's absolutely 'correct.'</p> <p>Addiction is a spiritual malady and therefore a spiritual solution is essential. Spirituality is the only energy big enough to fill the spiritual void – addiction promises the world but delivers naught. It is a false God.</p> <p>Colin agrees and uses the same words as Twelve Step founder Bill W: addiction is a spiritual malady and therefore requires spiritual solution.</p> <p>Addiction was a means of trying to medicate a spiritual problem – an inner emptiness. Addiction never worked – although he did not stop trying!</p>
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<p>A spiritual programme is essential in order to recover.</p> <p>Spirituality is all about connecting with HP ourselves, and the world.</p>	<p>Big Book would say we tried fixing it with psychiatry and taking a trip or not taking a trip and all these wonderful options which come to man's mind. But really, it's all about a spiritual solution and something I heard the other day, someone said 'the opposite of addiction is connection' which I really, really liked.</p> <p>VG: Interesting, yes, I like that.</p> <p>COLIN: I think spirituality is all about connection, about connecting with ourselves, about connecting with a higher power, about connecting with other people again so you know, I see a lot of people who put down the substances and that is kind of it. For a start I don't think that will last and secondly, I think they are selling</p>	<p>Colin describes addiction as lust i.e., a desire to feel satiated. This reminds me of the hole in the soul terminology so frequently used in TSP; he used addiction to try and fill that hole.</p> <p>Spirituality is all about relationship with others, self and HP. The importance of these connections is vital for recovery. Therefore, a spiritual programme is key in the recovery process.</p> <p>Addiction is a spiritual issue and needs a spiritual solution – he is very eloquent on this point.</p> <p>He describes what his addiction is actually symptomatic of – inner emptiness. For him the saying that connection is the opposite of addiction really resonates, which suggests that addiction is all about loneliness and isolation and no connection is the opposite of.</p> <p>Colin's failed attempts at managing addiction on his own terms have bought him to a place of complete rock bottom. Because none of them work. Experience has taught him that the only thing that does work is connection with God – and he then goes onto explain how important connection is. Addiction is a disease of isolation so connection with the real self, HP and community are all vital.</p>
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<p>The word spirituality is inclusive and means anything that is beneficial to his spirit. His spiritual growth is revealed by a restoration of his real self.</p>	<p>born taking great free kicks, was he? He practised and practiced and practised at the park with his dad or his granddad or whatever and he got very good. So, you know, if we want to take a lot out of life we need to put a lot in.</p> <p>VG: Thank you Colin, that is thought-provoking. Looking at the second section which is about your recovery and spirituality, you've actually just sort of done this, the 12-step programme describes itself as a spiritual one and what does the word 'spirituality' currently mean to you? You said it means connection or you implied that that was it...anything else about what the word actually means to you?</p> <p>COLIN: Yes, I think that [it's] trying to do anything which is beneficial to my spirit. You know, if I am lying and cheating and manipulating, my spirit has got to be very low, I mean when you look in the mirror I used to hate myself when I was in active addiction. Now I am not all</p>	<p>is challenging work – I agree with this. What I describe to clients as spiritual muscle takes some building.</p> <p>I note the successful male image of a popular footballer whose masculinity is a selling point – interesting comparison.</p> <p>If we want to recover, we need to put a great deal into life, so we are able to take the joys life has to offer.</p> <p>Colin elaborates on his definition of spirituality – it is wide and inclusive. He says it is anything which is beneficial to his spirit.</p>
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<p>The beauty of honesty – he finds emotional freedom and develops a sense of his real self through being honest.</p>	<p>Californian and I wouldn't say I really love myself, but I can tolerate myself, I can even maybe like myself on occasion if I have done something good and that for me is probably enough and is as good as it's</p> <p>going to get without years of therapy which I am not going to be doing. But you know. I can't really remember the last time I lied and that is an amazing thing, that is a very beautiful and liberating thing. And sometimes one knows that a lie would be really, convenient and, really, easy and would just shut that down immediately</p> <p>but I can't sort of do it. It's almost like there's a sort of force-field which stops me and if I did do it, I would have to recant it immediately and because it would feel so... uncomfortable.</p> <p>I think that is testimony</p> <p>not to me but to the programme. That you can take someone who wouldn't have</p>	<p>Dishonest behaviours bruise his spirit and leave him worse off. Active addiction involves not only letting others down but letting yourself down as well – this creates yet more self-hatred which provides ample excuse to carry on with the addictions – this is all I am worth and so on. The process is a cyclical one.</p> <p>Colin does not overstate his case; he is not madly in love with himself but borders on liking himself which is strengthened by right action.</p> <p>For Colin working the TSP means that he is honest and true which creates a sense of self-respect and like. This also creates a sense of freedom and of liberation. Lying and cheating etc. imprisons</p>
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<p>Through working the TSP his real self is restored, as the individual can live alongside principles/values beliefs held dear.</p> <p>Working Twelve Step principles restores the true self.</p>	<p>given a shit - I mean I wasn't massive liar or anything but I would have done whatever needed to be done - and for me not to be able to do that anymore,</p> <p>to have reconnected with my moral compass is a lovely thing. I think that rediscovery of the moral compass is key as well.</p> <p>VG: Well, that's interesting because that leads into my next question which is about your understanding of the connection between spirituality and your emotional health, and physical health if you wish.</p> <p>COLIN: Well, you know, let's take physical health first. In active addiction, I don't know many addicts who give a shit about whether they are going to live or die really</p>	<p>suffering person/s – they're caught up in the self-loathing which these behaviours create.</p> <p>Colin stays honest despite the desire /temptation to lie sometimes. Twelve Steps have connected him so fully to his real self, he cannot lie which would mean abandoning this real and clean self, and he just can't do it. He stays true to himself, with insight comes the responsibility to stay true and honest. I have seen this in many clients – who admit that this insight means that 'recovery ruins using' ignorance is easier, once suffering person/s understand they have an illness and can arrest it through TSP self-deception becomes much harder.</p> <p>TSP has allowed Colin to reconnect with his moral compass – his discovery of this compass is key to his spiritual programme and recovery. This is a process that means a great deal to him.</p>
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<p>Colin describes the slow (or not) suicide that is active addiction – addiction is an action that kills sometimes slowly sometimes quickly.</p>	<p>Um, I...I...I...I was never suicidal and I never tried committing suicide but</p> <p>I wasn't that enamoured with life either. And um, you know, I don't think you can</p> <p>be if you are using and drinking like I used to, you are clearly making a statement to yourself and anyone who cares that well actually, this thing I've got, this life isn't actually very important to me.</p> <p>VG: Were you conscious you were aware of that at the time? Do you remember thinking that?</p> <p>COLIN: Uum, you know, it's a long time ago, but you know, if you are getting up in the morning and having a four pack of lager for breakfast, you know you're not going to</p>	<p>I am genuinely gripped by his passion and eloquence.</p> <p>I felt very sad – he was somehow poised between life and death – not quite able to choose either.</p> <p>The suffering person/s does not care about physical health it is not a priority – feeding the addiction is. Death holds little fear. This is true. Addiction is slow suicide though if left unchecked it will kill the suffering person/s. C admits that addiction is a direct challenge to life itself – in active addiction the suffering person/s is acting out a very powerful message – I am destroying myself and I don't much care. On some level they do care, but any traces of remorse are quickly quelled with more addictive behaviours.</p> <p>In my work with clients, they're not always fully aware of the devastation that their addiction wreaks in their lives and the lives of</p>
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<p>The very act of not using is a spiritual one – and it restores hope. There is a chance.</p> <p>Experience has deepened hope into something concrete – a conviction that TSP programme works. His experience is building faith.</p>	<p>and all those sorts of things. I remember being absolutely paralysed by this thought because I hadn't had this thought for a very long time. Life looked good, life looked possible, and that was an amazing turn around. I mean that was a sort of pink cloud of earlier recovery if you like which to be honest in my experience hasn't really gone away in eight and a half years. I have been incredibly lucky that that pink cloud has been quite semi-permanent...</p> <p>VG: It sounds like hope is quite a big part of that pink cloud, just hope that everything might be alright.</p> <p>COLIN: I think that in that seven-week period that would all have been about hope for sure. But I think now that hope has</p>	<p>Colin remembers experiencing feeling glad to be well and alive – a simple but profound moment of gratitude and possibly relief for being shown through Twelve Step that there is a unique way.</p> <p>What is often called the pink cloud of early recovery i.e., the relief of knowing that you are a suffering person/s and there is something you can do about it leads to semi-euphoric states for many in early recovery. This sense of relief and I think gratitude has never quite left Colin.</p> <p>Recovery restores to Colin a joy in the simple pleasures and an embryonic hope that he might be in with a chance.</p> <p>The hope that he experienced in early recovery has crystallised into a faith; experience has taught him that if he is sober and working a good programme, he is in with a chance; another type of life is possible. He remains grateful for his recovery and gratitude is a very strong part of the TSP and encouraged with the fellowship.</p>
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<p>Spiritual principles facilitate right connection with other people which destroys the lonely alienation of addiction.</p>	<p>crystallised into faith</p> <p>and into um, some understanding that things are possible so that was the physical side, what was the other part of the question?</p> <p>VG: Your emotional health - spirituality and your emotional health - the relationship or connection between the two.</p> <p>COLIN: Well of course, you know, if you're living in accordance with spiritual principles then, then you can connect with other people and it's no longer just a world of pure loneliness and isolation. You know, if you're honest, if you're trust-worthy, if you're kind, if you're respectful, thoughtful, then people</p>	<p>The process of recovery creates hope which morphs into faith. 'God is doing for us what we could not do for ourselves'.</p> <p>His programme has developed, his hope has crystallised into faith. Working the TSP means that he is able to develop.</p> <p>I ask him about the relationship between his emotional and spiritual health. Colin argues that if you live according to spiritual principles</p>
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	<p>are going to be interested in interacting with you. You know, if you're just slurring and abusive and belligerent people are going to give up on you and they did. You know, by the end of my active addiction it was very much, you know, you're drinking on your own in the kitchen. Your cat might tolerate you, tolerate being as good as it's going to get, but no one else will. You know, you run out of options, you run out of people, you run out of excuses.</p> <p>VG: Yes.</p> <p>COLIN: Err, now I am not someone who really particularly wants a lot of people and er but it's nice to have some people. Um, it's</p>	<p>you can connect with others which means the suffering person/s's world of loneliness and isolation is gone. If you practise the Twelve Step virtues people will want to interact with you.</p> <p>People who are using addictively have in some sense given up on themselves which often encourages other people to do the same. The suffering person/s is left with themselves and the addiction only – the addiction pushes everyone else away. The suffering person/s can barely tolerate themselves and others certainly can't. The suffering person/s starts running on empty fuelled by the addiction only everything else is gone.</p> <p>This suggests that Colin gave up on himself which encourages another person to do the same. Again, the lonely isolation of addiction, and how the process pushes others away.</p>
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<p>No spirituality pre-recovery.</p>	<p>nice to have them prepared to connect with you.</p> <p>VG: Yes.</p> <p>COLIN: Which of course one can have in recovery.</p> <p>VG: [Murmurs of agreement] Um, what sort of role, if any, did spirituality play in your life pre-recovery? Did you have any views on the subject pre-recovery about spirituality or God or any of the things you have told me about?</p> <p>COLIN: No.</p> <p>VG: So, it just didn't feature?</p>	<p>Colin admits he doesn't need many, but he does need some people to connect too.</p> <p>Recovery enables this proves of connection because the connection with the all-consuming addiction has been broken, and so others are allowed in – indeed the real self is allowed in.</p>
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<p>The TSP has allowed him to access a spiritual life.</p>	<p>COLIN: No, I wasn't interested, I had to go to Church at school occasionally, I didn't hate it, didn't like it. I was never an atheist, I just couldn't be bothered to think about it. Agnostic I think you would say. Yea it didn't bother me either way. I was never 'anti' it, I just wasn't 'pro' it either.</p> <p>VG: OK. 12-step literature today describes spiritual bankruptcy as being part of active addiction. Was this your experience and if so, could you tell me a little bit about it?</p> <p>[Knock at the door – brief interruption]</p> <p>COLIN: Apologies for that.</p>	<p>Pre-recovery spirituality did not have a role. He just couldn't be bothered. This makes his decision to pray just before recovery even more remarkable and shows how desperate he really was.</p> <p>The desperation of the loneliness of a person suffering with addiction.</p>
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<p>The term spiritual bankruptcy suggests that addiction is a lack of spiritual, and a lack of spirituality is devastating.</p>	<p>VG: That's alright. I'm really grateful for your time.</p> <p>COLIN: Remind me?</p> <p>VG: Yes, so 12-step literature...so there are a couple of bits in this, 12-step literature describes spiritual bankruptcy as being part of addiction, was that your experience and if it was your experience, did it play a part in instigating any change?</p> <p>COLIN: Erm, well it's a wonderful phrase, it's a brilliant phrase, 'spiritual bankruptcy'.</p> <p>VG: Yes.</p> <p>COLIN: And it is, you know, it is true, for just about everyone who comes into treatment or the rooms, you know, in earlier recovery</p>	<p>I was! I was touched throughout the interview and actually felt pretty blown away by what Colin was telling me in terms of the powerful nature of his addiction, and the desperate isolation. I also felt moved and sad.</p> <p>Colin does not realise this when he is in his addiction – but recovery enables him to know how desperately lonely and uncomfortable it he was /is without a spiritual programme.</p> <p>Colin concurs with the term spiritual bankruptcy which he sees as being very much about loneliness and isolation which created the desperation that encouraged him to seek treatment.</p> <p>Twelve Step community is a brilliant antidote to the suffering person/s's loneliness – shared stories that feature different detail and</p>
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<p>The lonely isolation of addiction -which is also a catalyst for change.</p> <p>Addiction (all kinds – the process is the same even if the drug is different) pushes everything and everyone else out and becomes the priority.</p> <p>Colin words made me think of the mutual understanding created by the shared experience of addiction, and therefore the</p>	<p>part of that spiritual bankruptcy presumably would be the loneliness and the isolation and for me that is probably the driving force for my gift of desperation back then. But you know, also, probably for the majority of the clients that I see, I think it's the loneliness which really gets to them. Because if you have been to a few AA and NA meetings, the one thing that shares...you know, all the chairs are different, different drugs, different places, different people, but they all seem to end in enormous isolation. It is ultimately who can live with an addict? Ultimately the only person who can live with an addict is another addict. But because we are quite grandiose, us addicts, we want better than some</p>	<p>contact all have the same ending addition always does – the suffering person/s and their drug of choice, it is an all-consuming and intense relationship. This leaves the sufferer desperately lonely and isolated.</p> <p>One suffering person/s understands another in using /active addiction and in recovery</p> <p>Many suffering person/s are nervous of attachments with others, and in many ways the addiction starts out as a substitute for these relationships, or as a coping mechanism to help the suffering person/s deal with their feelings of inadequacy. Twelve Step literature always says that addiction ends in 'jails institutions and death' which is about right.</p> <p>Loneliness is the key feature of this bankruptcy</p> <p>There is no connection with anything or anyone else – only addiction. Addiction as the Big Book describes is indeed the rapacious creditor that Big Book discusses.</p> <p>Suffering person/s are grandiose one of the best descriptions of a suffering person/s in TSP must be an 'insecure egomaniac'.</p> <p>Loneliness drives a lot of suffering person/s into recovery and does often create that sense of desperation that Colin discusses earlier.</p>
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<p>importance of supporting each other in the fellowship.</p> <p>Connection with addiction – creates nothing but pain for the user.</p> <p>By the latter stages of addiction there is an</p>	<p>toothless, crystal meth-head, we still want the beautiful whoever. So that isn't going to work. So, I think that the loneliness is the driving force, for me and for a lot of people, I suppose that is an element of spiritual bankruptcy. I don't think that we come into treatment or the rooms because we think 'I could be humbler, I could be kinder, I could be this...' I mean that's all a bit wishy-washy and that's sort of the finer points for later but I think the sledge hammer which catalyses the need for change is probably the loneliness and the isolation.</p> <p>VG: So, you see those two things as being key features of spiritual bankruptcy?</p>	<p>Colin is right in early days of recovery suffering person/s are not fully aware of how lost they are – but because of this lost-ness they do feel isolated, cut off, and consequently desperately lonely. Examination of this loneliness often comes later on in recovery – one of the many reasons I chose people with 5 years was because I felt that their experiences of recovery would be richer</p> <p>This loneliness is the sledgehammer that pushes people into recovery; I think the image is a brilliant and powerful one.</p> <p>Loneliness and isolation are key features of emotional bankruptcy – because there is no connection with anything other than the suffering person/s' addiction. Addiction promises so much and delivers nothing except emotional pain and self-loathing because on some very profound level the suffering person/s knows that by using they're really letting themselves down – and they keep walking the same path which will yield the same results – active addiction and all that comes with it.</p>
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<p>exclusive relationship between the suffering person and their drug of choice – which creates only pain.</p> <p>The lack of freedom and enslavement of addiction.</p>	<p>COLIN: Sure, because there is no connection.</p> <p>The only connection is with your substance of choice</p> <p>which of course is a connection with something that gives you nothing back other than pain. You know, the only connection is servicing your need for the crack or the smack or the alcohol, whatever it is. There is nothing left, there is no room. People just get in the way. You know, loved ones become prison guards and warders and just things to be evaded. Because ultimately wives, mums, loved ones are just trying to tell you to stop.</p>	<p>Colin elaborates on the all-consuming relationship, between the suffering person/s and the addiction – it is indeed the ‘rapacious creditor’ that the Big Book talks about. There is simply no room for anyone or anything else. People trying to help just get in the way of active addiction – and hence become enemies.</p> <p>The exclusivity between the suffering person/s and their addiction is a most powerful relationship, and suffering person/s will lie cheat and steal to keep this relationship alive; the hold addiction has is truly extraordinary.</p> <p>If you are a fully-fledged suffering person/s and doing addiction properly there is no room – it is completely exclusive.</p>
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<p>Addiction equals idolatry.</p>	<p>VG: So, it's a very exclusive relationship, you and the addiction?</p> <p>COLIN: You and your substance of choice and there is no room at the end for anything else.</p> <p>VG: No there isn't.</p> <p>COLIN: Not if you're doing it properly!</p> <p>VG: No. Thanks, that's really helpful and interesting. Looking at the effects of spirituality in your life today, so this is an enormous question but it's just an</p>	<p>The exclusivity of addiction</p>
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<p>Colin' pathway through early recovery has been largely untroubled.</p> <p>Colin has helped himself by working a through TSP.</p> <p>Colin works a disciplined programme.</p>	<p>idea, what has been the nature of your pathway through recovery and um it may have been all these things, has it been troubled, peaceful, exciting, a relief? Has spirituality played a role in these possible processes?</p> <p>COLIN: My path in recovery has been er, very fortunate, very blessed, largely peaceful, er, you know, some people have to deal with all sorts of stuff in early recovery, divorces deaths, etc., haven't nor was I completely skint. You know the worst that had happened, you know I broke both my wrists, and I was in plaster, like that, for two months which was a bore, but in the great scheme of things, you know, manageable. So, my, you know, I said earlier that I think my pink cloud has lasted about eight years and I</p>	<p>Colin's gratitude strikes me again and again – he has felt blessed throughout his recovery and that coming from a man who previously did not give God a second thought. Thus, his practice of spiritual principle and humility is truly remarkable.</p> <p>Colin practices the gratitude advised by the TSP.</p> <p>The consequences of their addiction catch up with many suffering person/s in early recovery i.e., divorce, court cases, unemployment and so on. Colin avoided this though I think that two broken wrists is hard – but he glosses over this and is totally unsorry for himself. He returns to the pink cloud description. I think this speaks volumes</p>
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<p>Spirituality i.e., faith in himself and the world is the best tool against the fear that is a root of addiction – thus spirituality has played a vital role to date in his pathway through recovery.</p>	<p>think that is fair to say. I have been exceptionally fortunate, I have also worked very hard to take opportunities which I have been given so I am not going to just disown that, but I have had some great opportunities come along so that has been really fortunate and the question was what the key is...what is the contribution of spirituality in there?</p> <p>One of the greatest gifts is...is...is...is having an anti-dote to fear.</p> <p>I think fear is something that most addicts understand, or experience at least a lot, and life can be scary, you know, there are plenty of things I don't like doing. I mean this would be a great example. I don't like sharing my stuff, it doesn't sit comfortably,</p>	<p>about his own gratitude and his own willingness to follow the Twelve Step path.</p> <p>Colin has worked hard to make his own luck – his statement here reminds me of the Promises which are found in the Big Book. The Promises list things that will happen if the suffering person/s gets and stays sober.</p> <p>The TSP gives him faith – through working the Steps a great antidote to fear.</p> <p>Colin also takes responsibility for the fact that he has worked incredibly hard when opportunities have come his way. This reminds me of the Twelve Step 50-50 principle. We must do our 50% i.e., put</p>
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<p>Faith through contact with HP and TSP is the best way of dealing with fear – and prayer is a wonderful way to access this faith.</p>	<p>I don't want to live a life dictated to by fear, characterised and shaped by fear. I did that through all my active addiction, I was dominated by fear, right? So, I don't want to do that anymore, but in order to address one's fear one needs some tools. And the best thing I have found is prayer. Now I don't know how it works, why it works, but I know it does work. If I am feeling afraid of something, and let's say the fear was an 80/100 and I pray about it for help and support, that 80 will drop to a 40. It will still be there but it's so much more manageable. That's pretty cool.</p> <p>VG: That's amazing.</p>	<p>illness. Thus, the right antidote to that is the faith supplied by Twelve Step spiritual emphasis. Twelve Step emphasis on doing the right thing shows how doing the right thing is often what we don't want to do – but need to do.</p> <p>The suffering person/s desire for isolation and aloneness remain – the avoidance of life through anxiety that they might not be 'enough' in any sense of the word, is a big part of a lot of suffering person/s's stories.</p> <p>What I hear Colin describing is that faith through prayer alleviates the fear – although he does not quite sure why this works – he just knows that it does.</p> <p>To act on the feelings created by the fear, and/or the fear itself allows it to grow. Challenging the fear by feeling it and praying rather than being paralysed by it is an act of faith.</p> <p>Colin explains addiction is a disease of fear. My experience with clients has taught me that a great deal of this fear stems from insecurity and feelings of inadequacy. Thus, the individual fears that whatever life throws them they will not be able to handle or cope.</p> <p>Colin explains that the TSP provides tools to help deal with this fear – the best is prayer this contact/connection with his God helps soothe his fear – though he does not know why.</p>
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<p>The importance of faith in HP.</p> <p>Prayer helps Colin build a strong spiritual programme – and a good relationship with God.</p> <p>Throughout forgiveness of others/moral compass and self seems to help in establishing freedom from addiction.</p>	<p>COLIN: And I don't know why it works or how it works, but you see I don't need to know and that's the genius thing. I just need to believe.</p> <p>VG: [Murmurs of agreement]</p> <p>COLIN: I say to my clients, 'try praying', I know it sounds really old-fashioned, really crappy, you don't like it fair enough, but why don't you just try it?</p> <p>VG: Yes, absolutely.</p> <p>COLIN: Likewise, with the resentments, someone told me if you're resentful of someone, pray for them for two weeks and it will go away. I remember in early recovery this woman who I was in treatment with she ripped me</p>	<p>This is quite a radical lessening of the fear thanks to prayer.</p> <p>Colin accepts that he does not know why or how his faith works but it does and that's good enough for him!</p> <p>Colin struggles with the same issues that I do in Twelve Step counselling. I agree with him that spiritual suggestions may not sound like the kind of magical answers that the suffering person/s wants – but they do work.</p>
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<p>Recovery was built on the experience of relationship.</p>	<p>been to Tavern Coolloo when I wasn't ready, fair enough to them, but I wasn't aware that anyone actually cared. Coming to Kenilworth and seeing a couple of very honest, robust, South African counsellors who really just cared - that's all I needed to see. I didn't need to see any counselling brilliance, any clever tricks, I just needed to know that they believed in you, and actually cared. It was that simple.</p> <p>VG: Is that still part of your own recovery today? Finding people who you know feel that?</p> <p>COLIN: Well, no, I mean without them that wouldn't have worked. And without successful primary treatment I wouldn't have successful early recovery and I</p>	<p>Seeing the qualities of compassion and kindness in others who 'gave a shit' who cared, is a very important part of Colin's recovery. People caring for him – and authenticity is a very important part of his recovery. This reminds me of his earlier emphasis on the real self.</p> <p>This care indicated that these counsellors believed in him which was important</p> <p>This suggests that what was initially very important in Colin's recovery was seeing people who cared enough to want to <i>connect</i> properly with him – they believed in him enough to do this – i.e., the importance of relationship</p> <p>People who cared enough to want to <i>connect</i> properly with Colin was critical; they believed in him enough to do this.</p> <p>Without the initial building blocks created by this relationship nothing would have happened – it was the building block on which the rest of his most successful recovery was built.</p>
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<p>its suggestions from the start.</p> <p>The importance of connection with HP in establishing recovery from the word go.</p>	<p>efficiently, thoroughly, to the best of my ability, getting the benefits from them, the change, the freedom of step 9 for example, what an amazing experience that was.</p> <p>The kindness of people to forgive you when you have been a real dick,</p> <p>um, [clears throat] I think that clean slate, it's just like, OK I was 37, I have wasted a lot of time and I have done some bad things but you know what, I buy the fact that I was ill, I wasn't trying to be a douchebag, I was ill and</p> <p>I am going to try and cut myself some slack I am going to forgive myself because I've been forgiven by everyone else and let's get cracking and playing some catch up and let's see what we can do in the second half of the match, can we turn it</p>	<p>The fact the TSP allows him to recognise he has an illness/malady allows him to understand addiction so much better. This reminds me of Nelson's stance in my LR. Nelson recovering suffering person and theologian - explains that the TSP concept of illness/malady was of extraordinary help in freeing him up from the guilt and shame that overwhelmed once he became abstinent and realised what he had done.</p> <p>Colin does not want to waste any more time – Twelve Steps free him from addiction and allow him to get on with life not addiction.</p> <p>Colin realises that if others forgive him, he can apply the same rules to himself – churlish not to – he wants to move on and see if he can turn his life round in recovery.</p> <p>TSP says suffering person/s are sick people trying to get well, not actually bad people.</p> <p>This process of working a TSP is essential for relation with self and God, which is also a direct challenge to the self-loathing experienced by suffering persons in early recovery.</p>
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<p>The importance of forgiveness of self and from others.</p>	<p>around a bit.</p> <p>VG: Thank you. Are there any additional steps you have taken to ensure a really strong spiritual programme? I mean you have already done a huge amount by the sounds of it but is there anything you haven't touched on yet that you might like to mention?</p>	
<p>Colin really focuses on recovery process through TSP.</p>	<p>COLIN: No, I don't think so. I mean I think in early recovery, you know, I...I was very belt and braces, I didn't use mouthwash for two years, I played by all the rules, I followed every suggestion I was given, I didn't take any liberties, any short cuts, anything.</p> <p>They said due 90/90 and I did 120/120 just to be...paranoid and careful. Now</p>	<p>Colin followed Twelve Step suggestions exactly in early days – he did not use mouthwash because of its alcohol content – and took no short cuts – 90 meetings in 90 days (a common Twelve Step suggestion) and so on.</p> <p>Thus, he had really acknowledged his powerlessness – and was willing to accept help outside himself in every aspect of life – knew he was completely beaten by his addiction/ it had completely bought him to his knees.</p>

<p>The ongoing importance of prayer and connection with HP – which also enforces the realisation that ‘it’s not about us’.</p> <p>The efficacy of TSP is unarguable. He likens it to a miracle – like psychiatrist M Scott Peck.</p>	<p>obviously as one gets older in recovery one doesn’t do a meeting a day and, you know, I think there are some things I won’t compromise on and the main one would be the daily prayer and the connection with a higher power which for me is the single most important thing of any programme is the higher power.</p> <p>VG: Why is that?</p> <p>COLIN: Because you know, the 12-steps, how did they come along? I mean that is a work of complete and utter genius.</p> <p>VG: Absolutely.</p> <p>COLIN: If that isn’t God-given, I don’t know</p>	<p>As he progresses in recovery, he has become a little surer, but he will not change daily prayer and connection with HP which is the most important part of his programme. Again, the significance of HP/spirituality and connection.</p> <p>I agree with him the more I read and know about the TSP I agree with psychiatrist Scott Peck – Twelve Steps are simply a miracle of the 20th century, and its founders commonly known as Bill W and Dr Bob are indeed latter-day prophets. This reminds me of philosopher Dunnington who describes suffering person/s as latter-day prophets.</p>
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<p>His belief in the TSP.</p>	<p>what is.</p> <p>VG: Absolutely.</p> <p>COLIN: Because, you know, they are so sort of vaguely ridiculous at the one hand and yet hugely effective on the other. Eighty-five years whatever it is, later, with all the advances in science and healthcare and everything and no one has found anything which has remotely caught it up in terms of efficacy.</p> <p>VG: Absolutely.</p>	<p>He is not God – but a powerless suffering person.</p>
<p>The TSP is God given and the Steps are indeed signposts to God.</p>	<p>COLIN: Was that Bill W. and Dr Bob and 100 people, or was that God saying, you know, here's some help? I think that was God-given and therefore I</p>	<p>The facts speak for themselves – I have never seen medical and/or therapeutic help alone get a suffering person well – they always relapse. But the TSP does get and keep people well though there may be relapse – but at least they are in with a chance in a TSP. The TSP says – it works if you work it. What is apparent through this interview was how closely Colin follows the steps and works such a tight TSP.</p> <p>The importance of that power greater than ourselves in fighting addiction - human will alone is not enough.</p>

<p>The importance of fellowship with self, others and HP for recovery process.</p>	<p>that humility every day of surrendering and realising it's not about us.</p> <p>VG: Thank you Colin. Finally, looking at how you were educated and continue to be educated about spirituality in the 12-steps. So, you didn't have a previous belief system you've told me. You've told me you pray, but when you first came in to the 12-step programme, how did you sort of access a sense of the spiritual? How did you experience it at first? I mean, you said you prayed on your first night, but was there anything else that happened?</p> <p>COLIN: Yes, I was flying to Cape Town to go to the Kenilworth Clinic. I got on the South African Airlines 747 or whatever it was and I sat down next to this guy and he said to me why are you going to Cape Town and I gave him the Kenilworth brochure and he started</p>	<p>The suffering person/s's self-will is kept in check by the TSP – which describes active addiction as 'self-will run riot'.</p> <p>I am interested that Colin had no real previous spiritual experience, and I wonder how else he developed such a steadfast sense of spirituality/HP.</p> <p>Chris takes this as evidence I think that he is being looked after by his HP.</p> <p>Colin sits next to a recovering suffering person/s on the plane - this reminds me of Twelve Step maxim – nothing absolutely nothing happens in God's world by accident....</p>
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<p>In retrospect he can see that HP was in charge - and on some level was active in his life.</p> <p>A sense of HP is mediated through others.</p>	<p>laughing and said ‘oh I was there six years ago!’. And laughter wasn’t really what I wanted to hear, but how bizarre is that? In everyone on a big plane you sit next to a guy who has been there six years before, who is in recovery and, obviously, I had to ask him to be my sponsor three weeks down the road, which he did and he was my sponsor for the year I lived in Cape Town, sadly he’s now dead. Killed himself last Christmas...two Christmases ago.</p> <p>VG: Oh Colin, I’m sorry!</p> <p>COLIN: Yes, it was very upsetting. Urgh! He was a member of every fellowship going and probably spent far too much time thinking about recovery and not about living, but anyway. So is that</p>	<p>They say in TSP that coincidence is Gods way of staying hidden.</p> <p>Some suffering persons have their whole identity bound up by being a recovering suffering person/s, and little else. The TSP describes itself as a bridge to normal living and advises that the bridge does need to be crossed – i.e., recovering suffering person/s need to grow and make the Twelve Steps their own. I have seen that fear and lack of confidence/faith means that some suffering person/s don’t always move on, and can get very stuck emotionally – is this for spiritual reasons? I think so. The fear remains and keeps people from trusting from developing faith to try new things and step outside of a life outside therapy and the TSP – they can become very unbalanced. Therefore, the importance of a developing and ongoing spiritual programme.</p>
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<p>Again, the fellowship/community that Colin mention – its strength is indisputable.</p>	<p>a coincidence that incident? For me, clearly not.</p> <p>VG: No way...</p> <p>COLIN: I think that if you worked out the mathematical odds they would be too small or too big rather, to believe that is a coincidence, and that was my first sort of higher power moment if you like. When I most needed it.</p> <p>VG: Absolutely.</p> <p>COLIN: So that's pretty good PR for the higher power movement.</p> <p>VG: I think so. When you first started going to...because I'm really interested in lots of things obviously but the 12-step community, when you first started going to 12-step meetings and experiencing a</p>	<p>What is commonly referred to in fellowship as 'HP stuff' – i.e., evidence of HP working in life - this meeting really sounds what is commonly referred to as 'HP stuff' by the TSP.</p> <p>I wonder if fellowship/ meetings/community facilitated a sense of the spiritual for Colin.</p>
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<p>Relationship was critical in early recovery. In his 2011 work William Miller (1990) argues that quality of relationships in terms of building a good recovery from addiction are particularly important with suffering persons.</p>	<p>12-step community, did the meeting and the sense of the community facilitate a sense of the spiritual for you?</p> <p>COLIN: Yes, I started off in Cape Town and I went to a lot of meetings and I don't know if it was me or if it was Cape Town but there was a real...they were brilliant...the meetings. I looked forward to them, there were the same sort of people at most of them and some of the NA meetings were <i>so</i> passionate and um, you know 80 people in a room, you know, it was pretty sort of rock and roll. And um, yea, I loved them. And when I moved my recovery back to England I never rediscovered that at all.</p>	<p>Colin found a home in the meetings. He loved the community and the kinship and the passion – what a contrast to the lonely isolation of using.</p> <p>I have heard some suffering person/s say that their homegroup becomes like a family to them.</p> <p>Recovery is being reborn – it is being given a second chance at life.</p> <p>Recovery is a bridge to normal living – it facilitates a life – it provides the tools to live life.</p> <p>Sadly, he never recovered this same passion in a UK NA. Colin still does meetings and feels better – but the same early electricity is not quite there.</p>
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<p>The power of the fellowship and connections therein.</p>	<p>VG: That same feeling as Cape Town NA?</p> <p>COLIN: Yea, and AA, but mainly NA. You know, I go to meetings, and I always feel better after a meeting and maybe it was me, maybe it's not geography at all.</p> <p>VG: [Murmurs of agreement]</p>	
<p>The importance of a hard-working programme.</p>	<p>COLIN: I left my sponsor in Cape Town, I came back I got a sponsor who I knew from before who was a lazy...I knew him from work, I used to work with him in the film business and it was a really lazy decisions and like most lazy decisions I got a lazy result which was that he was a dreadful sponsor and couldn't be bothered</p>	<p>These sponsor relationships involved trusting that someone thought he was worth relating to – this initiated the whole recovery process so was/is vital.</p> <p>Again, more detail on how Colin' relationship with the TSP has developed – possibly mirroring how he has developed. I think this is</p>

<p>Developing an ongoing relationship with the TSP as his recovery progresses – challenging but necessary.</p>	<p>Which is kind of what I deserved because I should have just gone and got one the old fashioned way, you know. So, there was a little bit of disenchantment with the whole recovery package, the whole 12-step programme package. But, but that's passed now and I have a sponsor now who I like and I go to meetings, but you know it was never with that complete passion, but maybe that is normal, maybe the first year is always...maybe it's like a love affair and you're still incredibly fond of that person but that sort of 24/7 passion wanes.</p> <p>VG: It's evolved into something else.</p> <p>COLIN: Yes, something more real but less</p>	<p>important – or else folk get stuck as described above and illustrated by his sponsor.</p> <p>Addiction is an all-consuming love/hate affair – it takes over completely, and you need something as big to replace it.</p> <p>Lazy decisions yield lazy unsatisfactory results. The old-fashioned way is to go to a meeting and see who has what you want – i.e., a recovery you admire and aspire to.</p> <p>Colin falls out of love briefly with whole Twelve Step movement but is now back working a solid programme. Interestingly he describes the relationship with fellowship like a love affair – i.e., the early passion of recovery has subsided into a calmer but equally solid partnership/connection/relationship.</p>
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<p>The energy of recovery needs to match the energy and effort of addiction – ‘half measures avail us nothing’.</p>	<p>exciting perhaps.</p> <p>VG: It’s almost intoxicating early recovery I think, isn’t it? Like an early love affair, it’s quite an interesting comparison.</p> <p>COLIN: Well I think you need to replace, because the end of active addiction, the addiction is everything so you kind of need to replace it with something that is everything. In Cape Town I had a beautifully simple life which was recovery stuff, gym, which is kind of recovery stuff as well, and training to be a counsellor and my life, you know, I had the cheapest Nokia going and life was incredibly simple and beautiful for it. I had a couple of cats which I had inherited, I was living with a</p>	<p>Again, the importance of a development programme.</p> <p>Thus, what Colin is describing here is a perfect antidote to this. He is creating a life for himself with the basics – but he is realising what he needs whereas addiction is all about slaking unquenchable wants.</p> <p>It says in the Big Book – half-hearted efforts (in most situations) yield us absolutely nothing). Recovery has to be a big effort to match the drive of addiction</p>
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<p>His life mirrors the simplicity of Twelve Step spiritual principles.</p> <p>The importance of Twelve Step principles in all areas of life.</p>	<p>using junkie which was the only negative but I kind of pretended I wasn't and you know, he had a big house</p> <p>But yes, it was a very, very simple life. It really did feel like building again, from scratch and the stuff, the laptop, the bills, the mortgage, it comes soon enough and it all comes back on top again, you know.</p> <p>Hopefully one is better able to cope with it the second time around but those early months of just having a cheap phone and a coffee with a recovering addict being a really exciting thing to do, that was a really special time which I will never forget. I have been back to Cape Town since and of course everyone has moved on and got married or had kids or died or killed themselves...you know,</p>	<p>The simplicity of meeting these needs feels clean and touching.</p> <p>The simplicity of a structured life that the TSP provides for the suffering person/s in early recovery is a relief for many.</p> <p>The excitement of early recovery.</p> <p>Re-building his life through following the Twelve Steps – they're indeed a template for living.</p> <p>In early recovery Colin's life was incredibly simple, and it revolved completely round recovery – recovery is his centre of gravity if you like.</p> <p>After the wreckage of addiction, he starts to build his life again.</p>
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<p>TSP allows Colin to rebuild his life.</p>	<p>and, and it was a real, it was a surprise which is really crazy because you know, it's five or six years later whenever it was at the time but it shouldn't have been a surprise at all, that life doesn't wait for you. It doesn't sit still but still it was sad at the same time.</p> <p>VG: Well, it's a loss isn't it, that was a very special time.</p> <p>COLIN: It was, it was a loss. Yea and Especially with Theo (the sponsor) killing himself.</p> <p>VG: I'm so sorry, why did he kill himself?</p> <p>COLIN: He was a very complex man, when he was my sponsor I had to say to him, I used to drive across Cape Town to see him on a</p>	<p>The beauty of Twelve Step simplicity and structure is a balm after the chaotic unmanageability if using.</p> <p>Addiction is all too real – death is a very real consequence and a tragic one.</p> <p>Sadly, lots of suffering person/s do die or kill themselves through relapse – both unintentionally and intentionally. This reminds me of</p> <p>Philosopher Frances Seeberger quotes William Burrows who says addiction provides order and meaning because active addiction provides sole focus i.e., it becomes all that living life boils down to – i.e., getting the stuff, recovering from taking it, and planning next use. It means life is perfectly ordered and the suffering person/s does not have to think about anything else other than the addiction. There is thus a simplicity and a focus – maintaining active addiction is all the suffering person/s must worry about. Dealing with everyday life in a balanced way is very hard for some suffering person/s. Theo is one of those.</p>
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<p>The importance of using the 12 Steps to build a life.</p> <p>It sounds like his ex-sponsor hid in some way behind the Steps rather than using them to work a</p>	<p>Saturday morning before an AA meeting and it involved me getting up at 6 o'clock on a Saturday morning and I said to him, 'Theo I am delighted to do this but if I am going to do this you have to give me the time, you can't go around shaking everyone's hand and being the AA super star because it's too grandiose. You know, I am driving to see you to talk about Step 6' and he was very good, he said, 'you're right, I am a grandiose'.</p> <p>VG: He heard you.</p> <p>COLIN: He was a member of every, I think he was was NA, AA, SLA, he did something called Steel on Steel which is a group of four men battering each other psychologically, you</p>	<p>Theo, I think was hiding behind meetings after a certain point, recovery can be abused. People stop developing their own identities and sense for self and look to meetings not for guidance and spiritual support but for the actual answers themselves – they still don't quite trust themselves. This wound grows deeper and deeper, and more and more toxic until meetings and therapy can disguise it no longer and people have a very real break down; this I suspect is Theo's story. You need to take Twelve Step principles and spirituality out into real life and not let the meetings become your life.</p> <p>In meetings, it is said that what keeps you clean today will not keep you clean in 6 months' time.</p>
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<p>Recovery changes and moves on – it grows and develops – and becomes another layer of life.</p>	<p>VG: Yes, but...how can I put this? It sounded like your recovery had evolved to become part of your life very much but quite different to the early days.</p> <p>COLIN: Oh yes, absolutely, in the early days it was a job. It was a job to get well.</p> <p>VG: Yup.</p> <p>COLIN: I think slowly but surely it just becomes another layer of life.</p> <p>VG: Yes, that's what I was trying to say.</p> <p>COLIN: Hopefully it informs everything I do but only...but not because it's recovery stuff it's because it's right. You know I should be kind, I should be humble, I should be</p>	<p>Recovery becomes a working part of the suffering person/s's life, a layer.</p> <p>Twelve Step principles are the bedrock/foundation from which all life choices and attitudes spring – Colin observes that this is the case not because he works the Steps but because the TSP has inspired him enough for him to know that it is right. The virtues principles that he speaks about are what theologian and philosopher Kent Dunnington calls the virtues (of recovery) and Dunnington argues these virtues are theological in origin.</p>
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<p>Recovery informs every aspect of his life.</p> <p>The Steps are not about alcohol but provide a template for a new life.</p>	<p>honest, not because I am going to go and relapse if I'm not (because I don't think I am) but you know, it keeps evolving. I mean, isn't it only step 1 which talks about alcohol? The other steps don't talk about substances, do they?</p> <p>VG: No, they don't.</p> <p>COLIN: They talk about us.</p> <p>VG: Yes, absolutely.</p> <p>COLIN: That is what we are trying to recover, it's us.</p> <p>VG: 4. My final question, is...the stories that you heard at 12-step meetings and the education that you received through 12-step texts, and the experiences of other recovering addicts, those sort of things, did they</p>	<p>The Steps are an excellent guide for living – as the Steps deal with the underlying causes of addiction not just addiction itself – ‘us’ constitute these underlying causes.</p> <p>Colin rightly points out only step 1 talks about the drug of choice the rest are a set of spiritual principles that will enable the suffering person/s to live free of the anxieties and defects that bid them to addictive and self-destructive behaviours – self destructive behaviours that bind them to the self.</p> <p>Twelve Steps are not interested in too much exploration of the symptom of addiction – they are more interested in trying to heal the damaged self that the addiction is symptomatic of. They believe as do I that the addiction is a symptom of a spiritual malady which involves a bruised and empty self which the addiction is trying to fix. It is only HP who can fix these problem – which Colin is clear about</p> <p>The process of identification reveals you're not alone – which is an immediate balm to the lonely fragmentation of addiction.</p> <p>The Twelve Steps are a guide to recovering the self.</p>
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<p>Again, the importance of others in helping his recovery.</p> <p>He likes basic and almost visceral TSP experience – the word of HP is easier for him to hear in these simple surroundings.</p>	<p>back from incredible deficits and terrible positions and you know, surely the message is if they can do that then me with my middle-class problems I can do my part Um, and I think it allows one to right size oneself and to realise that bad things have happened to all of us. But actually, I am pretty lucky and I came into recovery with a lot of resources to use whereas some people come in to recovery with nothing. No education, no money, nothing. Um, so the stories I think are absolutely key in creating hope and in seeing that anything is possible, so what else did you ask? You asked about the stories.</p> <p>VG: The 12-step literature, the narratives.</p>	<p>The more acute experiences of the suffering person/s serve as both a benchmark and inspiration to Colin. If people who have scant resources can get well, Colin with his middle-class comforts can certainly get well!</p> <p>The experiences of others remind Colin that he is not alone, and the problems he faces are not unique to him. A widespread problem with recovering suffering person/s is this sense of being special and different i.e., no one understands me and the severity/nature of my problems – this cannot be helped.</p> <p>The fellowship and stories therein destroy this destructive and almost grandiose way of thinking immediately – there are plenty in the same boat – sometimes, as C points out, with considerably fewer resources.</p> <p>The stories of others bear witness to the transformation made possible by TSP</p> <p>The Big Book is I agree brilliant and indeed exemplifies this no-frills approach to addiction – it is uncomfortably accurate in its stories of alcoholics undergoing recovery.</p> <p>Colin trying to recover his very self.</p>
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<p>TSP shows recovery can be done – the example of others.</p> <p>The realness of TSP spirituality and principles are both very important to Colin. They provide hope.</p> <p>The importance of stories.</p>	<p>COLIN: Well, the Big Book which is my personal favourite is so spot on that it is almost uncomfortable. It's like they have read your mind and if they can understand</p> <p>the issue that well then, I am reading the right book and therefore doing the right thing. You know, is it the More About Alcoholism chapter when they tell us all the different ways we try to get sober, by swapping brandy for whisky and it's just like, 'yup, yup, yup, OK' and I give it to all my clients and they all go 'yes this could have been me'.</p> <p>VG: Yes.</p> <p>COLIN: So, it's really nice to feel understood, you know, nice to understand that AA</p>	<p>.</p> <p>The process of identification generally by the narrative helps him know and understand himself better (Ricoeur). Thus, narrative plays a crucial part in his discovery of his real self.</p> <p>The power of the literature – it's not about the symptoms of the drugs and alcohol – it's about the underlying addiction, explained often through the example of others</p> <p>The unconditionality and accepting welcome within the fellowship.</p>
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<p>TSP is a map for recovery.</p> <p>The importance of feeling heard and understood.</p>	<p>understands the issue we're dealing with and has understood it since 1935 and continues to understand it. Therefore my problems are just exactly the ones you are describing in the book, they are not special and different. They are not unsolvable, because here is the solution! You have given me this wonderful map to getting well, which is about I think without the stories - that is about 180 pages or something. It's not exactly a big read. Here's the key and it's written in a rather beautiful sort of English as well. If you don't like that, the basic text of NA is splendid as well and covers all sorts of addictions, I think you could get well in NA from food, for anything because it's Not about drugs, it's about addiction, so</p>	<p>Colin really enjoys the stories in Big Book of Alcoholics Anonymous</p> <p>Feeling understood creates a feeling of love and kinship – and of course connection with self, others and HP. It is this experience of feeling understood within the fellowship that sometimes mediates a sense of HP.</p>
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<p>The importance of stories in transmitting hope, example and acceptance.</p> <p>There are many different idolatrous addictive processes that take the sufferer away from HP</p> <p>There are many symptoms of addiction – but the process is the same.</p>	<p>literature - hugely key. You know Just for Today is a lovely thing we used to have a lunch time meeting in South Africa, just discussing just for today which a) was lovely and b) was a very good way of ticking off the 90/90 because it was only 40 minutes, an express meeting at lunchtime.</p> <p>VG: Yes, and finally in terms of learning about addiction or recovery, experiences of other addicts, listening and hearing about those.</p> <p>COLIN: I think just seeing the commonalities and the similarities it doesn't really matter what substance and what process, the addiction is exactly the same, the</p>	<p>The Big Book allows Colin to see that his problems are not special and different – they are suffered by alcoholics and most importantly the TSP offers a solution, it is a map to getting and being well.</p> <p>The disease of addiction has many different symptoms – food, sex, alcohol, drugs, these are not the point. The point is what underlies these symptoms – i.e., the spiritual malady that is treated so well by the TSP.</p>
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<p>He is more concerned with recovery and how working the Twelve steps enables recovery from addiction. There is less focus on the trauma etc that may cause addiction.</p>	<p>powerlessness, the unmanageability, the results, the loneliness we talked about earlier is exactly the same and often the apparent causes are the same, over sensitivity, genetic predisposition, some childhood trauma, feelings of less then, different to, not good enough, put in a hot-pot and there you have got an addict brewing away I think. It is not very complicated.</p> <p>VG: No, it's not. Obviously, the experience of your sponsor, you have had three I think, that was an enormous help in educating you about 12-steps and supporting you.</p> <p>COLIN: Yes, sponsors, I mean, I like reading so I read the Big Book probably twice by the time I left Kenilworth so probably most of</p>	<p>The process of addiction whatever form or shape your drug of choice takes is the same.</p> <p>The Twelve Steps deal with the underlying causes of addiction not just addiction itself – ‘us’ constitute these underlying causes.</p> <p>Colin goes through what he perceives as the causes of addiction as being – I agree, my argument as to the causes is the same. I am really impressed by his knowledge and how he works the programme. The interview becomes increasingly intimate, and I feel really privileged to hear C disclosing such rich personal information so freely.</p> <p>The causes of addiction are often discussed with no definitive answers – Colin explanation here is a most excellent one.</p> <p>The sponsor support is powerful on several levels – as the example of another – and another who knows more about recovery and can offer informal but ongoing dedicated support. This is a powerful tool.</p> <p>Colin explains to me how sponsorship has operated for him.</p> <p>The power again of identification with others/sponsors through their experience and stories through their stories – its powerful.</p>
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<p>Again, the help supports, and powerful example offered by another's – sponsors in this case.</p> <p>Mutuality and service.</p> <p>The importance of service and fellowship.</p>	<p>my education of the 12-steps probably comes from the Big Book and from meetings rather than sponsors per se.</p> <p>Sponsors, the first one we did the steps, he was really good, the second one was rubbish and the current one is more...he's good at life stuff. 'I'm having a problem with this, what do you think?' and he'll come up with a completely different approach, a different take on that, which to me is God talking, via him. But in terms of the 12-step stuff I think from the Big Book, direct from the source.</p> <p>VG: Colin that's absolutely brilliant, I don't know if there is anything else, you'd like to add but that's answered all my questions.</p>	<p>Sponsors have been a useful guide and support in helping Colin work a TSP – but he returns again and again to the stories in the Big Book i.e., the source of the TSP. He is right, I think.</p> <p>A common Twelve Step adage is principles before personalities – i.e., do not be put off by folk being divergent/difficult but stick to the principles found in the Big Book.</p>
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	<p>COLIN: No, if you're happy I'm happy.</p> <p>VG: I'm more than happy. Thank you really, that was really rich, thank you for your time.</p> <p>3 hours</p>	
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Appendix 7: Data Analysis Step 2: An Example of Main Themes – Completed for Each Interview: Flora.

Table of themes	Key phrases/references
<p>1. The TSP is fundamentally a spiritual programme which helps psychological development.</p> <p>2. Recovery is a spiritual process.</p> <p>3. The real self is not divisible from God.</p> <p>4. The relationship between God and alcohol.</p> <p>5. Spirituality is a reflection of the ability of the real self to connect with God.</p>	<p>1. <i>12 Steps are a 'programme with psychological aspects to it that have really been geared towards my development in a spiritual way'.</i></p> <p>2. <i>'They [Steps] were all about God. You know, for me they are fundamentally spiritual signposts.'</i></p> <p>3. <i>'The real self. Absolutely. And that is so indivisible from, erm, an innate connection for me with God. That the two are not separate.'</i></p> <p>4. <i>'The inference was that for the alcoholic it was a misplaced search for spirit and that recovery was based on a profoundly and significant religious experience and outside of that it was a hopeless condition.'</i></p> <p>5. <i>'So I think it is a reflection of one's capacity to connect a part of the self to a part that is not of the self - a higher power or a God'.</i></p>

6. The physical power of spirituality.	6. <i>'Praying that this obsession and compulsion to drink was lifted and I actually felt something, I felt something almost being pulled out of me. I mean that was an extraordinary experience.'</i>
7. The ineffective control, fear and judgement created by early belief systems versus freedom of the TSP.	7. <i>'Recovery was something actually that proposed something different, it proposed a freedom from the religion that I had known as a child.'</i>
8. Building on Twelve Step spirituality with religion.	8. <i>'More theological. You know, this is, um, I think there comes a point when I, for me, I recognised there was only so far I could go without engaging in something more formal.'</i>
9. Impossibility of having alcohol and spirituality in your life. The idolatry of addiction.	9. <i>'Active addiction is absolutely the antithesis of spirituality. There is not room for both.'</i>
10. What the TSP calls the gift of desperation in instigating change.	10. <i>'Only when I became willing to receive help, to let God in, through being completely desperate, was I able to begin to shift into some recovery.'</i>
11. Twelve Step virtue of gratitude – also prayer in developing relationship with God.	11. <i>'I was, you know, fat, thin, whatever it might be. I would always turn to prayer, be conscious of my gratitude.'</i>
12. The power of Twelve Step community.	12. <i>'And I would use prayer as a central principle of the programme from the beginning because I was told it would work. I could hear other people sharing about the strength that they got from it.'</i>

<p>13. Twelve Step therapy as a spiritual process. The significance of relationship. Relationship equals spirituality.</p> <p>14. The power of the group.</p>	<p>13. <i>'The process of therapy I think it's fundamentally a spiritual endeavour. You know, it is about human...it's about humanity, it's about connection.'</i></p> <p>14. <i>'God for me exists in the spaces between the individuals in the group in some way.'</i></p> <p><i>'God for me is in these groups of people.'</i></p>
<p><u>Clusters of themes plus reference to illustrate point being discussed.</u></p> <p><u>1. The power of the TSP</u></p> <p>The TSP is fundamentally a spiritual programme which helps psychological development.</p> <p>The ineffective control, fear and judgement created by early belief systems versus freedom in the TSP.</p> <p>What the TSP calls the gift of desperation in instigating change.</p> <p><u>2. The experience of relationship in recovery</u></p> <p>The Twelve Step virtue of gratitude – also prayer in developing relationship with God.</p> <p>The power of Twelve Step community and fellowship.</p>	

<p>Twelve Step therapy as a spiritual process. The significance of relationship and connection.</p> <p>Relationship equals spirituality.</p> <p>The power of the group.</p> <p><u>3. Transformation of the self in recovery</u></p> <p>The real self is not divisible from God.</p> <p>Spirituality is a reflection of the ability of the real self to connect with God.</p>	
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Appendix 8:

Data Analysis Step 3: A Summary of Themes in Each Interview

1. Flora

1. The TSP is fundamentally a spiritual programme which helps psychological development.
2. Recovery is a spiritual process.
3. The real self is not divisible from God.
4. The relationship between God and alcohol.
5. Spirituality reflects the ability of the real self to connect with God.
6. The physical power of spirituality.
7. The power of the group.
8. Spirituality is the in between spaces between people.
9. The importance of religion is helping her build and develop spirituality.
10. The inefficacy for her of a strict protestant religious upbringing – does not help her find God – the TSP does.

2. John

1. The TSP like a skeleton on which he can build his life – reminds me of Flora likening the TSP to scaffolding.
2. Twelve Steps have become ingrained – i.e., fully integrated in his psyche – very like several other participants – he is philosophical.
3. Twelve Step spirituality – it is his moral compass originally taught to him by his grandfather.
4. His sense of what is wrong and right, his principles values and beliefs – in addiction he abandons himself, which is very much compromised of his principles values and beliefs.
5. He is an atheist yet has no difficulty with Twelve Step spirituality.
6. His spiritual life is greatly aided by prayer and meditation.
7. John chats about HP concept, and he accepts need for power greater – and thus his powerlessness over his addiction.
8. He does not though believe in good and evil.

9. Though an atheist, this need for a power greater is met by the Twelve Step fellowship/community which he values a great deal, and potentially helps him jump into his real self.

10. He speaks a lot about how community helps him access the spiritual. The stories of others are also important in helping him build his real self and spiritual life.

3. Joss

1. Recovery is about change from active addiction.
2. The importance of communal activity in recovery.
3. The integration of the TSP in daily life – wears the Twelve Steps like a loose-fitting garment.
4. Connection and spirituality in recovery.
5. The practical elements of spirituality (which he likens to Aristotle's concept of engagement).
6. Religion didn't work for him.
7. Loss of values /real self when trapped in addiction.
8. The isolation of addiction.
9. The importance of Twelve Step / connection with self and others.
10. Surfing/nature facilitates mindful connections.
11. The spiritual power of the group i.e., the Twelve Step fellowship.
12. Service to others is significant in recovery.

4. Colin

1. Recovery is about action of stopping drinking/drugging, which is a huge change.
2. Recovery is about discovering and reclaiming the real self. This process creates hope.
3. The Twelve Steps are essential to the recovery process.
4. The gift of desperation in bringing about recovery and making him seek a spiritual option – all other options – including self-will had failed.
5. The possibility of a power greater when faced by the wreckage of addiction. The experience of addiction brings Colin to his knees and admits a sense of powerlessness which is discussed by Step 1. The possibility at that point of spiritual solution. The experience of addiction causes Colin to realise spirituality is the only option left.

7. Spirituality is about connection with real self/others/world, which is the opposite of the loneliness of addiction and restored hope.
8. Connecting with the real self suggests restoration of your own principles values and belief, which is a 'lovely thing' and indeed a vital one in the building of self-esteem and self like.
9. Spiritual principles allow connection with others, which is a shield against the lonely isolation of addiction.
10. The most important part of Colin's recovery is connection with HP.
11. This connection is strengthened through prayer.
12. Colin has a new reliance on prayer and HP is in sharp contrast to the idolatrous nature of addiction.
13. The idolatrous nature of addiction creates disconnection, the pain of this disconnect is medicated by more addiction.
14. The stories of others in the Twelve Step community show that recovery can be done, and this identification also breaks through the loneliness of addiction. This process also dispels loneliness and hopelessness – you are not alone.

From clusters of themes:

1. The power of connection to self and others.
2. Recovery is about HONEST connection with God, self and others. These are the most effective weapons against the loneliness of addiction. The freedom that comes with this.
3. Colin specifies that spirituality is all about connection, 'about connecting with ourselves, about connecting with a Higher Power, about connecting with other people'.
4. The process of connection with self also instils restoration of principles values and beliefs – especially honesty.

5. Marcus

1. Recovery is about change.
2. The mysterious power of the divine – in showing him a new way – i.e., abstinence from addiction.
3. The value of being present in Twelve Step meetings – and the connections created in self and with others by shared experience of addiction.
4. His knowledge of human powerlessness over addiction, and the vitalness of divine help to get clean.

5. The importance of honesty in his recovery.
6. Recovery has facilitated relationship with God – important to him.
7. The significance of connection to his God.
8. Prayer facilitates relationship/connection with God.
9. As his spiritual health improves so do all aspects of his health.
10. Twelve Step community/fellowship meetings/other addicts sustain his recovery.
11. Through the Twelve Step fellowship he has discovered a sense of what feels like his true self. This process has been helped by a sense of belonging.
12. The TSP allows him to discover a sense of the spiritual through connection with HP and the group and connection with self.

From clusters of themes:

1. The Twelve Steps connect him with something spiritual inside his very self. The God he has discovered in the TSP shows him that he has something divine in him which connects to that something divine outside of him. This process really strengthens the regard in which he holds himself and improves honest self-esteem and self-care.
2. The word responsibility comes to mind – irresponsibility for self and others is often such a big part of active addiction.

6. Anthony

1. Recovery and life are interchangeable terms – both are vital to him.
2. The importance of knowing powerlessness over his addiction and handing over his will to God (Step 3).
3. He has internalised the Twelve Steps– they are ingrained in him and guide him.
4. In recovery health is holistic – i.e., mind, body and spirit are all significant aspects of health in the recovery process.
5. The significance of spiritual concepts in the TSP.
6. Experiences at a Catholic boarding school had left him wary of religion.
7. The erosion of his principles, values and beliefs in active addiction caused a spiritual bankruptcy.
8. Addiction caused a disconnect from his true self.
9. The stories of others in the Twelve Step community show him recovery is possible.
10. Recovery provides meaning and purpose.
11. The example of others and service to and from others is important to him.

12. A relationship with the spiritual is critical – fellowship meetings are vital to this process.

From clusters of themes:

1. He likes seeing the practical evidence of the TSP in action – i.e., service to others.
2. In treatment '*doing things for others...that gave a real structure to the ideas of the steps about what spiritual life might look like*'.
3. Fellowship meetings provide evidence of spirituality.

7. Sara

1. Recovery is about being balanced and denotes a holistic approach to healthcare.
2. Recovery is about being connected to oneself and to others.
3. Twelve Step principles allow her to take more responsibility for herself – which means she is less self-obsessed.
4. Spirituality means a sense of connection – being understood –feels almost familial.
5. Spirituality involves service to others.
6. Spirituality is about knowing there is a power greater – and it's not her, and it involves trusting the goodness of this power.
7. Fellowship meetings and community helped show her real self and banish much fear and loneliness; helps her stay connected to this self.

8. Ted

1. Recovery equals life.
2. Recovery is an introduction to being human and involves restoration of the real self (note the non-humanness of addiction implied here).
3. Fellowship meetings provide a sense of belonging, restore hope and end the loneliness of his addiction.
4. Spirituality is about being honest and open minded.
5. Working the Twelve Steps created a spiritual awakening and allowed a sense of connection – with his true self.
6. Spirituality is the platform from which everything else including emotional health springs.
7. Spirituality provided the humility for him to realise he is not God, and he is powerless over his addiction.

8. He experiences a Higher Power through Twelve Step fellowship.
9. Spirituality is a very positive force in his life.
10. Prayer and meditation keep this spiritual connection strong.
11. The support and relationship he has with others in recovery-community keeps him clean and sober.
12. The support of others through stories and service is also critical to his ongoing recovery.

From clusters of themes:

1. The process of recovery involves a restoration of his authentic self.
2. Recovery meant an introduction to being a human being.
3. Recovery is getting back the person you would have been (without the addiction).
4. This restoration is kept strong with spiritual connection facilitated by prayer and meditation.
5. A spiritual path inevitably involves prayer and meditation – thus a dialogue with HP/God.
6. The loneliness of addiction is replaced by good communal relationship with others.
7. The first time I went to a Narcotics Anonymous meeting ‘I heard people say things that I identified with and related to – and I have never had that before’.
8. People remind Ted what is important – love, God and service.
9. He experiences God through Twelve Step meetings and fellowship – thus the importance of connection and relationship.
10. Spirituality is central and involves virtues of honesty and humility. Spirituality is living from a place of honesty, and which also involves the knowledge he is not always right.

Appendix 9:

Data Analysis Step 4: List of All Themes in the Interviews

I made a list of all the themes from Appendix 8 and laid them on the floor. I was then able to see them all together, which enabled me to organise them into the five themes listed below. Sometimes there is repetition, as I did not want to miss any aspects of the participants' responses.

1. ADDICTION - The experience of

The participants' new reliance on prayer and HP is in sharp contrast to the idolatrous nature of addiction which creates disconnection; the pain of this disconnect is medicated by addiction.

Loss of values /real self when trapped in addiction.

The isolation of addiction.

The possibility of a power greater when faced by the wreckage of addiction.

The experience of addiction brings participants to their knees and admits a sense of powerlessness which is discussed by Step 1.

The significance of spiritual solution.

The experience of addiction causes participants to realise spirituality is the only option left.

The mysterious power of the divine in showing a new way i.e., abstinence from addiction.

Knowledge of human powerlessness over addiction, and the vitalness of divine help to get clean.

Word responsibility comes to mind – irresponsibility for self and others is often such a big part of active addiction.

The importance of knowing powerlessness over the addiction and handing over the will to God (Step 3).

Addiction caused a disconnect from true self.

The loneliness of addiction is replaced by good communal relationship with others.

2. RECOVERY – how it is defined and experienced by the participants

Recovery is about discovering and reclaiming the real self. This process creates hope.

Recovery is a spiritual process.

Recovery is about change from active addiction.

The importance of communal activity in recovery.

Service to others is significant in recovery.

Recovery is about the action of stopping drinking/drugging, which is a huge change.

The TSP is essential in the recovery process.

The gift of desperation in bringing about recovery and making participants seek a spiritual option – all other options – including self-will had failed.

Recovery is about HONEST connection with God, self and others. These are the most effective weapons against the loneliness of addiction.

Recovery facilitates relationship with God.

The freedom that comes with this (above process).

The importance of honesty in the participants' recovery.

Recovery has facilitated relationship with HP/God – important to participants.

Recovery is about change.

Recovery and life are interchangeable terms – both are vital to participants.

Recovery is about being balanced and denotes a holistic approach to healthcare.

Recovery is about being connected to oneself and to others.

The support and relationship with others in recovery – Twelve Step fellowship and community keeps participants clean and sober.

The support of others through stories and service is also critical to participants' ongoing recovery.

The process of recovery involves a restoration of the authentic self.

Recovery meant an introduction to being a human being.

Recovery is getting back the person you would have been (without the addiction).

Recovery provides meaning and purpose.

The example of others and service to and from others is important to participants.

Recovery equals life.

Recovery is an introduction to being human and involves restoration of the real self (note the non-humanness of addiction implied here).

3. THE TWELVE STEP PROGRAMME

The stories of others in community show that recovery can be done. This process of identification also breaks through the loneliness of addiction. This process also dispels loneliness and hopelessness you are not alone.

The importance in the TSP of connection with self and others.

The TSP is fundamentally a spiritual one which helps psychological development.

The TSP is like a skeleton on which participants can build his/her life. Flora likens the TSP to scaffolding.

The Twelve Steps have become ingrained, i.e., fully integrated in the participants' psyches.

The integration of the Twelve Steps in daily life – wear Twelve Steps like a loose-fitting garment.

The value of being present in fellowship meetings and the connections created in self and with others by the shared experience of addiction.

Participants have internalised the TSP – it is ingrained and guides them in daily life decisions.

In recovery health is holistic, i.e., mind, body and spirit are all significant aspects of health in the recovery process.

The significance of spiritual concepts in the TSP.

A relationship with the spiritual is critical – fellowship meetings are vital to this process.

Participants like seeing the practical evidence of the TSP in action, i.e., service to others.

In turn this process gives a very definite shape to what form spirituality takes – what it actually looks like.

Fellowship meetings provide actual evidence of spirituality, i.e., people connecting and getting well from their addictions.

Twelve Step principles allow participants to take more responsibility for themselves which for some of them actually means freedom from the self-willed machinations of their addict.

4. TWELVE STEP COMMUNITY.

The stories of others in the Twelve Step community show that recovery can be done, and this identification also breaks through the loneliness of addiction. This process also dispels loneliness and hopelessness – you are not alone.

The value of being present in Twelve Step meetings – fellowship/meetings/other recovering persons sustain participants' recovery.

Through the group participants have discovered a sense of what feels like their true self. This process has been helped by a sense of belonging.

The stories of others in the community show participants that recovery is possible. The stories create hope that recovery can be done.

Participants experience a HP through fellowship.

The power of the group.

Twelve Step meetings provide a sense of belonging, restore hope, and end the loneliness of the participants' addiction.

Other recovering persons in meetings remind the participants what is important – love, God and service.

Participants experience God/HP through Twelve Step meetings and fellowship – thus the importance of connection and relationship.

5. A. SPIRITUALITY

A most important part of the participants' recovery is connection with HP.

This (spiritual) connection is strengthened through prayer.

Spirituality is central to the recovery process and involves virtues of honesty and humility.

Spirituality is living from a place of honesty, which also involves the knowledge one is not always right.

The atheist/agnostic participants have no difficulty with spirituality – for some e.g., John it is his moral compass originally taught to him by his grandfather.

Participants explain how their sense of what their principles, values and beliefs are is wrong and right, i.e., are restored by the recovery process. In addiction they abandoned themselves, which caused them to compromise their principles, values and beliefs.

The spiritual life is greatly aided by prayer and meditation.

Prayer and meditation keep the spiritual connection strong.

John's talk about HP suggests he accepts the need for a greater power – and thus his powerlessness over his addiction.

For the atheists, the need for a greater power is met by the Twelve Step community, which they value a great deal.

The process of communal support helps the participants potentially jump into their real selves.

Participants speak a lot about how community helps them access the spiritual.

The stories of others are also important in helping participants build their real selves, and a spiritual life.

The real self is not divisible from God.

Spirituality reflects the ability of the real self to connect with God.

The physical power of spirituality.

Spirituality is the in between spaces between people.

The importance of Catholicism is helping Flora build and develop Twelve Step spirituality.

The inefficacy of a strict religious upbringing does not help participants find God, TSP does.

The practical elements of spirituality (which Joss likens to Aristotle's concept of engagement) are important.

A more formal religion didn't work for the participants.

Surfing/nature facilitates mindful connections for Joss and John.

The spiritual power of the group.

Prayer facilitates relationship/connection with God.

As spiritual health improves so do all aspects of health.

Experiences at a Catholic boarding school had left Anthony wary of religion.

Spirituality involves service to others.

Spirituality is about knowing there is a greater power – and it's not them (participants), and recovery involves trusting the goodness of this power.

Spirituality is the platform from which everything else including emotional health springs.

Spirituality is a very positive force in the participants' lives, and critical to the recovery process.

This restoration is kept strong with spiritual connection facilitated by prayer and meditation.

5. B SPIRITUALITY IS CONNECTION

Spiritual principles allow connection with others which is a shield against the lonely isolation of addiction.

The importance of connection with self and others for recovery.

The Twelve Steps allows the participants to discover a sense of the spiritual through connection with HP, group and self.

The Twelve Steps connect the participants with something spiritual inside themselves.

The God that Markus discovers in the Twelve Steps shows him that he has something divine in him which connects to that something divine outside of him.

This spiritual process of connection really strengthens the regard in which participants hold themselves and improves honest self-esteem and self-care.

Connecting with the real self suggests restoration of your own principles, values and belief, which is a 'lovely thing'.

Connections are indeed vital for the participants in the building of self-esteem and self like.

The power of connection to self and others – how important this is in recovery.

The connections created in self and with others by shared experience of addiction in the fellowship.

Working the Twelve Steps created a spiritual awakening and allowed a sense of connection.

The consequences of these connections are that participants establish better relations with self, others and HP.

Spirituality is about connection with real self/others/world, which is the opposite of the loneliness of addiction. This spiritual process of connection restores hope.

Connection and spirituality are for all participants vital in recovery.

Colin specifies that spirituality is all about connection, 'about connecting with ourselves, about connecting with a Higher Power, about connecting with other people'.

The process of connection with self also instils restoration of principles, values and beliefs – especially honesty.

Spirituality means a sense of connection – being understood –feels almost familial.

Appendix 10:

Superordinate Themes and Relevant Quotes

1. Superordinate Theme 1 - The experience of addiction

1.1 Powerlessness over addiction

Colin: 'This problem (addiction) is much bigger than me – I can't fix this problem.'

Colin: 'To be honest I was so desperate [in active addiction] I would have done anything [anyone] you told me to do.'

Flora: 'Only when I became willing to receive help, to let God in through being completely desperate [in active addiction] was I able to begin to shift into some recovery.'

Marcus: 'My life was in such a mess... I had to have some kind of denial system. That required me to be fundamentally dishonest.'

1.2. The isolation of addiction

Joss: 'I sort of lost a sense of connection with other people.'

Sara: 'Disconnection can lock people in to cycles or isolation or loneliness and kind of self-perpetuate the insanity [of addiction] really.'

Sara: 'I had no faith. I had no hope. I was in fear, I felt very isolated. Um, I had no trust, no sense of trust that anything or anyone could support me or help me.'

Flora: 'Nothing could touch this, this agonising ache of loneliness. It's like a...it's the spiritual bankruptcy.'

Joss: 'Addicts have a "hole in the soul" and they filled it with drugs.'

1.3. Self-will and addiction

Colin: 'In active addiction, we were out of God, we were our own God, and our substance was our own God.'

Flora: 'It [addiction] was a misplaced search for spirit.'

Flora: 'Active addiction is absolutely the antithesis of spirituality. There is not room for both.'

Ted: 'I was just arrogant [in addiction] and I knew it all, and I had the intelligence to out-argue anybody.'

1.4. The loss of self in addiction

Anthony: 'Addiction caused severing of my sense of myself.'

Anthony: 'At the end of my using [drugs] I definitely felt like I was spiritually.... bankrupt.'

Joss: 'I think that in addiction you could never live up to your values, so I would want to be nice to people but then if I was drinking or something, I would be rude.'

Joss: 'I lost the way [in addiction], I lost the way with some of my values.'

John: 'My rock bottom was my actions were contrary to my belief system.'

1.5 Addiction as lack of spirituality

Flora: 'Active addiction is absolutely the antithesis of spirituality. There is not room for both.'

Flora: 'The inference was that for the alcoholic it [addiction] was a misplaced search for spirit and that recovery was based on a profoundly and significant religious experience, and outside of that it was a hopeless condition.'

Colin: 'The opposite of addiction is connection.'

Sara: 'If I think of spirituality as connection, I think disconnection can...kind of perpetuate the insanity [of addiction] really.'

2. Superordinate Theme – Twelve Step recovery from addiction

2.1 How recovery is defined

Colin: 'Recovery to me means a few things, I think first and foremost it involves putting one's addiction into remission, because I think unless that happens nothing else can happen.'

Colin: 'Phase one of recovery, putting down the substances or the behaviours or whatever it is that has been sabotaging your life.'

Markus: 'Recovery is the way I live my life from a position of um, not being able to bring about any kind of positive outcomes or very minimal positive outcomes to kind of opening up, opening up potential.'

Anthony: 'For me recovery has to be life.'

Ted: 'I don't divorce recovery from life.'

Ted: 'Recovery meant an introduction to being a human being – to me.'

Joss: 'Recovery is a recovery programme from active addiction or the impact of that.'

John: 'Recovery is: Recovering from active addiction. So, yup, moving from being in active addiction to not being in active addiction.'

2.2 Freedom from self-will

John: 'This [TSP] is clearly a movement and a collection, and a community as such, it is a power much greater than myself.'

Ted: 'the only way to eventually get out of that [addiction] was to eventually surrender my own arrogance, my own ego, my own ideas.'

Ted: 'we must let go of the life we have planned in order to accept the one we have waiting for us.'

Colin: [its] 'about doing things differently, you know, very much Step 2, my way ended in treatment let's try something new.'

Colin: '[the] humility [necessary] of actually saying I can't do this on my own, but I know a man who can. Whether that's our, you know our God or our group.'

2.3 The process of recovery

Marcus: 'Recovery is kind of opening up potential' (see also 2.1).

Markus: 'If I was going to get anywhere, I would have to somehow become honest.'

Sara: 'Recovery is just a holistic way of living, a balanced way of living.'

Sara: 'Recovery is about being connected to oneself and connected to others.'

Ted: 'Recovery is about getting back the person you would have been' [without addiction].

Anthony: 'Fundamentally something was happening in the meetings that was working' (i.e., keeping him clean).

3. Superordinate Theme 3 - The Twelve Step programme

3.1. Working the Twelve Step programme

Anthony: 'The crucible of that [recovery] was the 12-step meetings and the 12 steps and the fellowship and everything has come from that.'

Joss: 'I think about them [Twelve Steps] nearly every day. They're a sort of loose garment that I wear like a guide.'

Flora: Twelve steps are: 'a programme with psychological aspects that have been geared towards my development in a spiritual way.'

Flora: 'They [Twelve steps] were all about God. You know for me they are fundamentally spiritual signposts.'

John: 'Twelve Steps provided a framework' [for life].

John: 'Principles within it [TSP] which have been incorporated into how I live my life.'

Anthony: 'In a way, they [Twelve Steps] are so ingrained they might be present without me even being aware that they are the Steps.'

Marcus: 'What the Steps bought up for me was that I could form a relationship with this thing [God] that I entirely trust.'

3.2. Support provided by Twelve Step meetings

Joss: in meetings: 'That vulnerability, that honesty, that openness, generates a real sense of connection.'

Joss: Twelve Step meetings mean: 'Engaging in activities that have a sort of a fellowship angle or a spiritual angle.'

Marcus: 'Letting people in. I suppose going to meetings is a big part of it.'

Ted: I identified through the people sharing, and it helped me get through things.'

John: 'It is that even mathematically, two people is a power greater than one, a group is a power greater than one.'

John: 'I believe in goodness, love, in the intrinsic value of community, so actually meetings are the best.'

Anthony: 'Twelve Step meetings provide evidence of spirituality or things just falling into place.'

4. Superordinate Theme 4 - The Twelve Step Community (see 1.2, 3.1, 3.2)

4.1 Stories in Twelve Step meetings

Flora: 'I would use prayer as a central principle of the programme from the beginning because I was told it would work. I could hear other people sharing about the strength that they got from it.'

John: 'Given that I don't believe in a religious text, all I have are other people's thoughts and experiences, so, um, yea I think all those things have helped shape how I am today and how I feel about me and the world, and other people with addiction issues.'

Colin: 'You know you see people coming back from incredible deficits...you know surely the message is if they can do that...I can do my part.'

Colin: 'The stories [in meetings] I think are absolutely key in creating hope and seeing that anything is possible.'

Sara: 'It was really helpful to hear people in the meetings share their stories, and recognise that, they understood me.'

Sara: 'An enormous relief to sit in a room where people were expressing feelings I felt.'

Anthony: 'It was other people's stories; it was the sense of possibility' [in meetings].

4.2. How the Twelve Step community facilitates restoration of self (see 2.1, 2.2, 4.1)

Sara: 'The biggest thing that I think I have taken from the Twelve Step principles is how important it is that it's a guide to self-reflection.'

Ted: 'The first time I went to a Narcotics Anonymous meeting I heard people say things that I identified with and related to – and I have never had that before.'

Ted: 'People that remind me...this is what's important, love, God, service.'

Joss: 'Just getting honest and open [in meetings] and allowing people in was very, very powerful.'

Colin: 'In recovery you recover, you know, a kind of sense of self and of possibilities which we always had but got lost along the way.'

Markus: 'You know that sense of, that's where [Twelve Step group] I found a sense of myself.'

Markus: 'Something in the [Twelve Step] rooms connected with something that was present in me.'

Markus: 'It's just that sense of belonging' [in Twelve Step group].

5. Superordinate Theme 5 - The experience of spirituality

- 5.1 How spirituality is defined by the participants
- 5.2 Spirituality and recovery
- 5.3 Religion versus spirituality
- 5.4 The God/HP concept
- 5.5 Prayer and meditation.
- 5.6 Spirituality understood as connection
- 5.7 Spirituality is connection with self
- 5.8 Spirituality is connection with others
- 5.9 Consequences of these connections.

5.1. How spirituality is defined by the participants (see also 3.2, 4.2)

Flora: 'In my recovery, it [spirituality] is the central influence that keeps me on a very specific and needed path.'

Flora: 'Spirituality is the capacity to use that relationship [with God] for personal growth.'

Sara: 'The spiritual for me is connection. Connection to myself... connection to the environment or to something, just to something that is around me.'

Sara: 'Spirituality is something that, that almost gives you a sense of purpose or a sense of well-being and a sense of hope, I guess, as well.'

John: 'I guess I would be a secular spiritualist in that sense. So, spirituality for me would be my, um, my moral compass' (see also Colin).

Anthony: 'It [spirituality] is fundamental to emotional health, but I would say to physical health as well.'

Colin: 'It's [spirituality] about trying to do anything which is beneficial to my spirit.'

Markus explains he is starting to consider that spirituality is: 'God is residing within me. You know the spirit is valuable and it's residing inside me and I have got no business.... smashing that up.'

Ted explains spirituality is: 'Living from that place, the place of feeling, the place of honesty, the place of intuition that internal truth.'

Joss explains that spirituality is: 'It's quite...it means to me...it's really those parts of the human condition to do with behaviour, to do with sort of values and virtues.'

5.2. Spirituality and recovery (see also 1.1, 4.2)

Markus: 'I am convinced of the power of a God or something outside of being human, certainly, outside of me because I don't know how it [getting abstinent] happened.'

Markus: 'I don't believe any humans had anything to do with it [getting clean].'

Colin: 'Addiction is a spiritual malady and therefore it clearly needs a spiritual solution.'

Flora: 'The process of therapy I think it's fundamentally a spiritual endeavour. You know... It's about humanity, it's about connection.'

Ted: 'The foundation [of recovery] is this spiritual sense which gives me the strength and stability.'

Anthony: 'I'm agnostic...but even on my most atheist day I still 100% would sign up to the idea... that [the] process of recovery [is]... a totally spiritual movement.'

5.3. Religion versus spirituality

Sara: Pre-recovery on religion: 'I had a vision of...a puppeteer and in some way feeling controlled and a real lack of trust.'

Colin: 'I'm not a religious person but I thought maybe I will try and enlist a little bit of help. It can't do any harm, can it?'

Flora: 'Recovery was something actually that proposed something different, it proposed a freedom from the religion I had known as a child.'

Joss: 'I always rejected religion...it didn't work for me. I don't see how it makes any sense.'

Anthony: '[Religion is] very judgmental... They [monks] really prided themselves at the school on their ethos of instilling Christian Catholic common values into their students and I think it really had the opposite effect for me. It really pushed me the other way.'

5.4 The God/HP concept (see also 3.2, 4.2, 5.1)

Colin: 'The connection with the HP which for me is the single most important thing of any programme.'

John: 'The fellowship has ended up being my Higher Power.'

Joss: 'My HP is the power of the group.'

Ted: 'My HP was the room; it was the classic thing of the [Twelve Step] fellowship.'

Sara explains: 'Spirituality is about hope and faith and thinking that there is something bigger than me and whatever that is, that, that thing, that wants something loving for me, or is loving towards me.'

Flora: 'God for me exists in the spaces between the individuals in the group in some way...so God for me is in these groups of people.'

5.5. Prayer and meditation (see 4.2)

Ted: 'If we are embarking on a spiritual path sooner or later we must encounter prayer and meditation.'

Markus: Prayer is: 'The conversations I'm having with God...I love it. You know it's... freed me up just to... babble away.'

Colin: 'I prayed that day [first day in rehab] and I think I've prayed every day since.'

John: 'Seeking through prayer and meditation, for me it's been prayer and meditation, a lot of talking and quite a lot of reading to get a better understanding of the spiritual.'

Flora: 'Praying that this [addictive] obsession and compulsion to drink was lifted and I actually felt something, I felt something almost being pulled out of me. I mean that was an extraordinary experience.'

Flora: 'You know I was fat, thin, whatever it might be. I would always turn to prayer, be conscious of my gratitude.'

5.6 Spirituality understood as connection (see also 1.2, 2.2, 4.2, 5.1)

Joss: 'What was amazing in terms of spirituality and connection was the recovery.'

Joss: 'Spirituality for me is all about connection.'

Sara: 'So, I think of spirituality as connection, I think, disconnection can lock people into cycles or isolation.'

Sara: 'I felt accepted and I felt like I belonged, and I felt like people understood me. I think looking back now I think that probably was, you know, a sense of yea, a sense of spirituality, a sense of being connected.'

Markus: Describes the importance of ongoing connection with God: 'When I don't practice my connection, I get sick. And I don't like that. I like [unclear]. I really struggle with the fact that I need...I need something. I need to have, for me, I would describe it as a God in my life'

Markus: 'Without a connection to God I feel utterly, utterly rudderless.'

5.7 Spirituality is connection with self (see 3.2, 5.1)

Sara: 'The spiritual for me is connection. Connection to myself.'

Colin: 'To have reconnected with my moral compass is a lovely thing. I think that rediscovery of my moral compass is key' (see John also).

Colin explains he rediscovers his real self through working a spiritual programme and concludes: 'The opposite of addiction is connection.'

John: A spiritual programme has restored his principles. Today he values 'honesty fidelity kindness... and... generosity.'

Flora: Spirituality is restoration of: 'The real self self...and that is so indivisible from, erm, an innate connection for me with God. The two are not separate.'

5.8 Spirituality is connection with others (see, 1.2, 2.2, 3.2, 4.1, 4.2)

John: 'Going to a meeting just reinforces my spirituality because I see my belief system in action within groups of strangers.'

Colin: 'Living in accordance with spiritual principles the... you can connect with people...it's no longer pure loneliness and isolation.'

Anthony: 'Doing things for others...that gave... a real structure to the ideas of the Steps about what spiritual life might look like.'

Joss: 'I sense a connection in working with others and helping others is very much what the programme is all about, the programme of 12-step recovery. So, in that sense yes, spirituality is essential.'

Sara: 'The spiritual for me is connection. Connection to myself, or connection to others' (also 5.1 and 5.7).

Markus explains how connecting with others is spiritual: 'I am...recognising that as I allow other people in, that bit of them that is divine, also kind of mixes up and everything smiles.'

5.9 Consequences of these connections (see 2.1, 4.1, 4.2, 5.1)

Colin explains how reconnection to himself allows him to live alongside spiritual values: 'Absolutely essential, you know, as spiritual principles the key ones are open-mindedness, willingness, honesty and add in humility, kindness.'

Ted: '75% of everything good I have in my life is a direct result of having flexed that spiritual muscle.'

Sara: 'Also, if I see someone is spiritual, I would think that that person is aware of what they need and aware of what their limits are and aware of being in service, I guess. So being able to, to see the best in someone or something and to offer the best of themselves. So, the spirituality is kind of a higher connection then I suppose.'

Joss explains because of his connection experienced through spirituality: 'I have experienced real genuine kindness, openness...I have seen amazing transformations in other people.'

Markus: 'I needed the God from outside to come into me just to say, you know, so I can have some kind of worth.'

Appendix 11: Final Master Table

Superordinate theme 1 The experience of addiction	Superordinate theme 2 Twelve Step recovery	Superordinate theme 3 Twelve Step programme	Superordinate theme 4 Twelve Step community	Superordinate theme 5 Experience of spirituality
1.1 Isolation	2.1 Definition of recovery	3.1 Working the steps	4.1 Stories of others	5.1 Definitions of spirituality
1.2 Self-will	2.2 Freedom from self-will	3.2 Support provided	4.2 Restoration of self	5.2 Prayer and meditation
1.3 Loss of self	2.3 Process of recovery			5.3 Spirituality and recovery
1.4 Powerlessness				5.4 Religion vs spirituality
1.5 Addiction as absence of spirituality				5.5 God concept
				Spirituality is connection
				5.6 Connection with others
				5.7 Consequences of those connections
				5.8 Connection with self